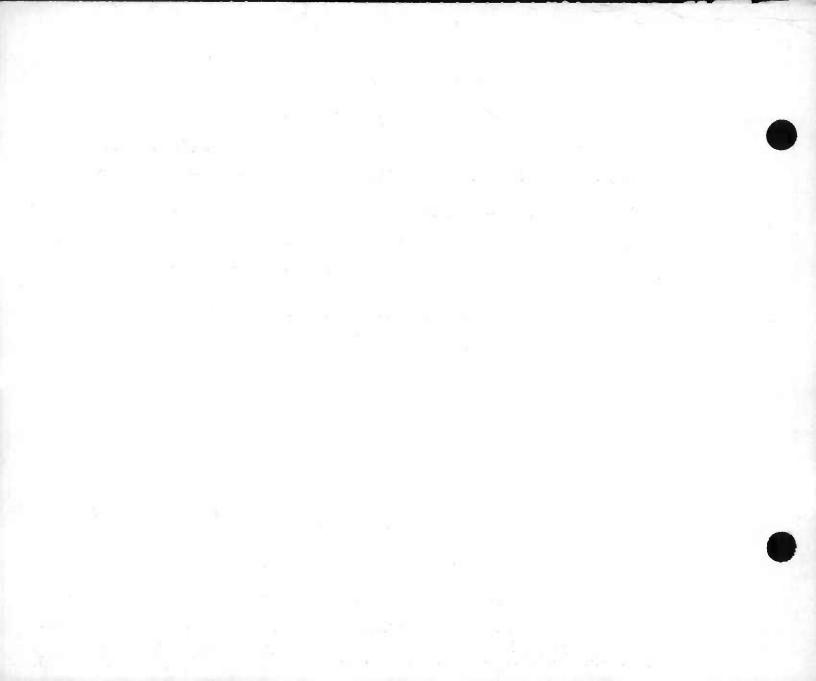


June 19 U Plane S. I. J. M. . W. S. . . Leaderson granes assignificant accounting . T. Bunch VI odansk neserikil ye-ii nesesi betik janya 277-13-17 Yes. Mancy w. Malles, Bonnouro, Ma. 21713

Scensbore to the story story see, see, see, M. John H. Best, Jr. Godnebolo, Maryland 21715

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE						
RAR		CERTIF	ICATE OF DEATH	REG. NO.		
// /-	MIDDLE	asc Av	251	20 DATE OF DEATH MONTH	DAY YEAR	3 AM
	PACE 1	5 DATE C	DE BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
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	DUE TO, OR AS A	CONSEQUENCE OF				
OTHER SIGNIFICANT CO	NDITIONS CONTRIB	IUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART Ito	
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Thompson Funeral Home Middletown, Md AN

FOR

(VR A 15 (4))

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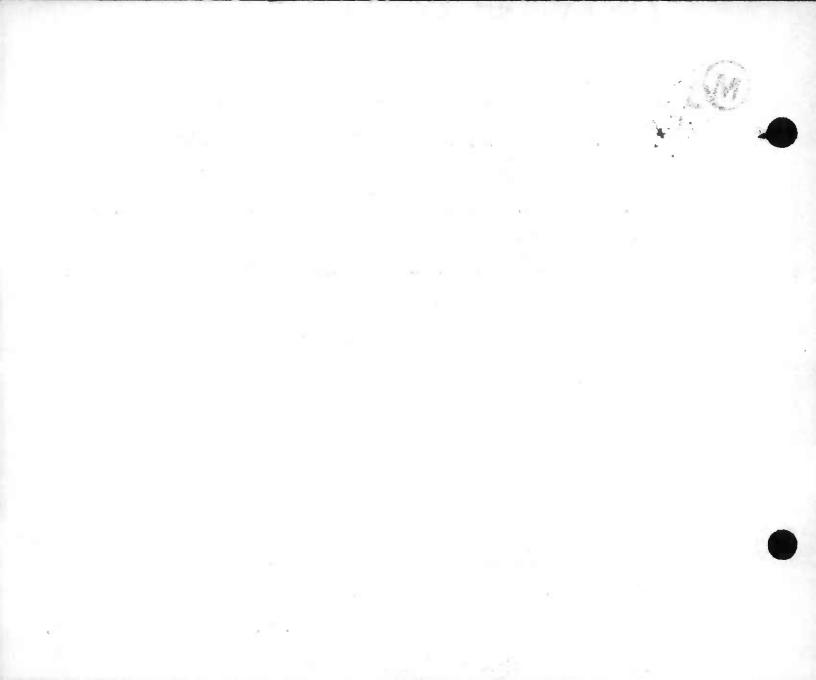
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	4	Male		ck	MONTH.	1-19-1419	64	YRS.	NIHS DAYS	HOURS MIN.
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BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1/7/84			EMETERY OR CREMATORY  Lawn Mem. Pk	23d. LOCATION CITY OF TOWN Hagers	town	Wash	Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR



415 E. Wilson Blvd., Hagerstown, Md FFR 402 100

DHMH - 16 50M 4/82 (VRA 15, 4) TEC259 Jung Comish

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2n DATE OF DEATH 1. DECEASED NAME MONTH DAY YEAR 2h HOUR LITTE OR PRINTS Tan 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH AONTHS DAYS HOURS VE AR 1903 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED suntu DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST QE WORKING LIFE) INDUSTRY USEWIFE USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d: INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE ONNElls burg NO | YES -H. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Seville 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) m Connellsburg APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20h. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINERS P AA 19 21L LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceosed olive on obove, (I) (we) (did) (did not) 22h. SIGNATURE 22c. DATE SIGNED ATTENDING X MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT hould by 0 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 ongells bing JAN (VRA 15, 4)



1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO	0 2 3 5 4
	CEASED NAME FIRST FLC R	A Bell	CAMI	BELL		1/21/84 4:45
3 SEX	Female	4. RACE Black	S. DATE OF June	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	DAY FUNCTOR YEAR FUNCTOR AND
la. Bif	RTHPLACE (STATE OR FOREIGN W.Va.	76 CITIZEN OF WHAT COUN	TRY? 8  MARRIED  WIDOWED	□ NEVER MARRIED □	BALTIMORE CITY OR Washington	COUNTY OF DEATH
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE : WESTERN MARY	JRSING HOME OF	OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewif	IN 12b. KIND OF BUSINESS O
13a S	AL RESIDENCE (IF NURSING HOM O STATE 135 COU Md. Wa	O OTHER WILLIAM THE PERSONS AND THE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 413 N.JO	nathan St.21740
	William N	MN Stribbli	.ng	Patsy	NMN MIGGLE	Baltimore
16a. W	VAS DECEASED EVER IN U.S. AF (ES NO OR UNKNOWN) (IF YES, GI	IVE WAR OR OATEST		Geraldine	Ware 1020	-H Noland
>	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSI MMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	ED BY:	EOUENCE OF	ia		BETWEEN ONSET AND DEAT
CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING  196 CONDITION FOR WI	hades	- arterion	limite.	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
WEDICAL CER	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH	19	216 HOW INJURY OCCURE 216 LOCATION STREET	ED (ENTER NATURE OF INJURY	
	WHILE NOT WHILE AT WORK  220.1 certify that X (this hasp sow the deceased alive or above, (higher) [did) when a 22b. SIGNAYORE		19 4,000	EGREE ATTENDING _	MEDICAL STAFF	
	POSE MAK	ORPRINI) PLE CHAN,	U.P.	PHYSICIAN [ 220. ADDRESS Western U	DIRECTOR PHYSICIA	Hageistann, MJ
(5	URIAL, CREMATION, REMOVAL SPECIFY) Burial	, , , , , , , , , , , , , , , , , , , ,		LL Cem.		own Wash. Md.
24 FU	INERAL DIRECTOR			25a DAT	DEC'D BY DECISED ON	Sb. REGISTRAR'S SIGNATURE

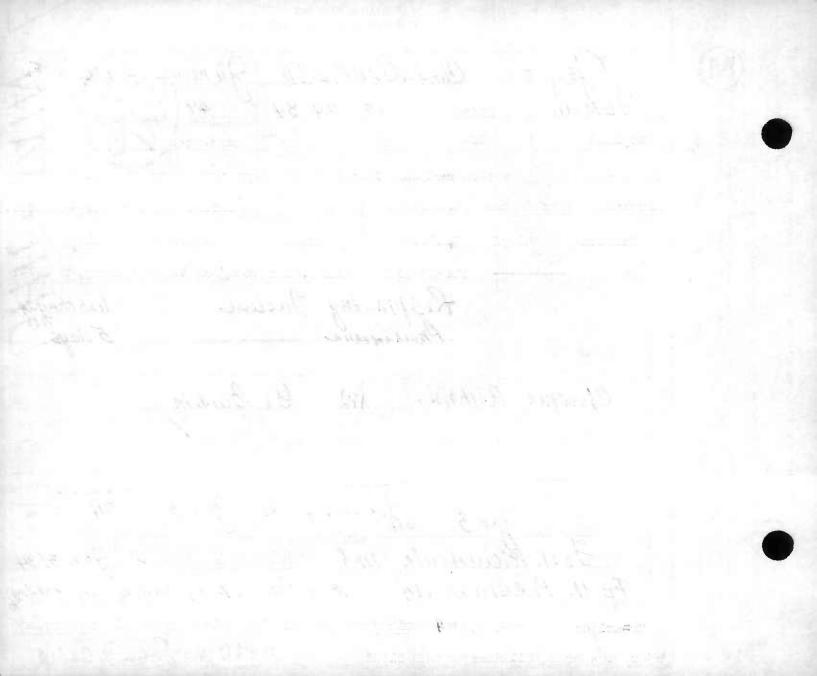
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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAM DATE OF DEATH MONTH 2b. HOUR Mau (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ Washington 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Western Maryland Hospital Ctr. 15 MOTHER'S MAIDEN NAME MIDDLE Clipp Freda Gertrude Joan D. Albritton/Box 36 Sharpsburg, MD 21782 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that (my) XX opinion death questions on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY Smithsburg Crematorium SmithsburgWashingtonMaryland Cremation 24 FUNERAL DIRECTOR Williamsport, MD 21795 Major M.Osborne

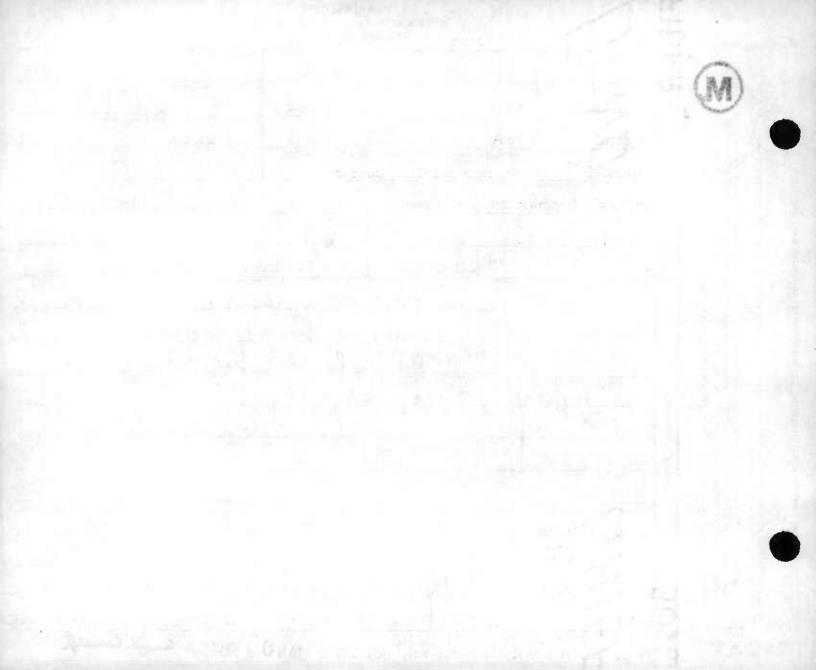


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH HOURS YE AR 1886 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MOTOM WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) HAGErstownimo Do. STATE 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? .S. WAL HAGEISTOWN 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAM FIRST MIDDLE LAST ALIDO1 F John Ferry Lucy Magerstown, Md. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) Carbaugh 306 N. Potomac Harold APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (o PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on JAN. 26 & 4, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 24 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 336. BURIAL, CREMATION, REMOVAL (SPECIFY) Rest Haven Cemetery Hagerstown Wash. Potomac St. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 N. Minnich Hagerstown, Maryland (VRA 15, 4)

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7/1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSP			R OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
1	Н	agerstown	Western			nter			
15		TATE 136. CO		ESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL	Æ	
1				gersto		YES X NO	14 Catawba C		21740
77		THER'S NAME				15 MOTHER'S MAIDEN NAM	ME		
11		Marvin	WIDDLE	Mason	61 -	Marie	WIDDLE	Inc	gram
_	160. V	/AS DECEASED EVER IN U.S.		SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS	1110	71 (41)
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		couse (o), stating the underlying couse last.	DUE TO, OR AS	a conseque	V 10	scleropic	heartdisea	250 (	pas
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7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH (	PERATION	WAS PERFORMED	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	
<u>a</u>	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJ	URY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18		
1		OR CONTRIBUTING CAUSE OF	DEATH	MONTH DA					
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM)	P.M. 21e. PLACE OF IN	LILIRY	19	211 LOCATION			
	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA		RM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
		224.1 certify that OK (this ha	spital) attended the dec	eosed from		. 19	, to	., 19,	that the (we) los
		sow the deceased alive above, (I) (vse) (did) this	on	death 19	, on	d that in (my) (XXX opinion of	death occurred on the date and ha	our and from the	couses stated
		226. SIGNATURE	0/11			DEGREE		22c. DATE	SIGNED
1		Horeute 1	1/den			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	/	2-84
1		22d. PHYSICIAN'S NAME WY	Ita P.	Palo	mo	122e ADDRESS Pen	neylvania A	1. Hap	eisten
	23o. E	URIAL, CREMATION, REMOV	AL 23b. DATE	23c. N	AME OF CI	EMETERY OR CREMATORY	23d/LOCATION	115	
		specify) ourial	Jan. 5, 19			II Cemetery	Hagerstown,	Washin	aton . M
	-	JNERAL DIRECTOMINN					E REC'D. BY REGISTA RIZSE. REGIS		me
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FOR

- STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

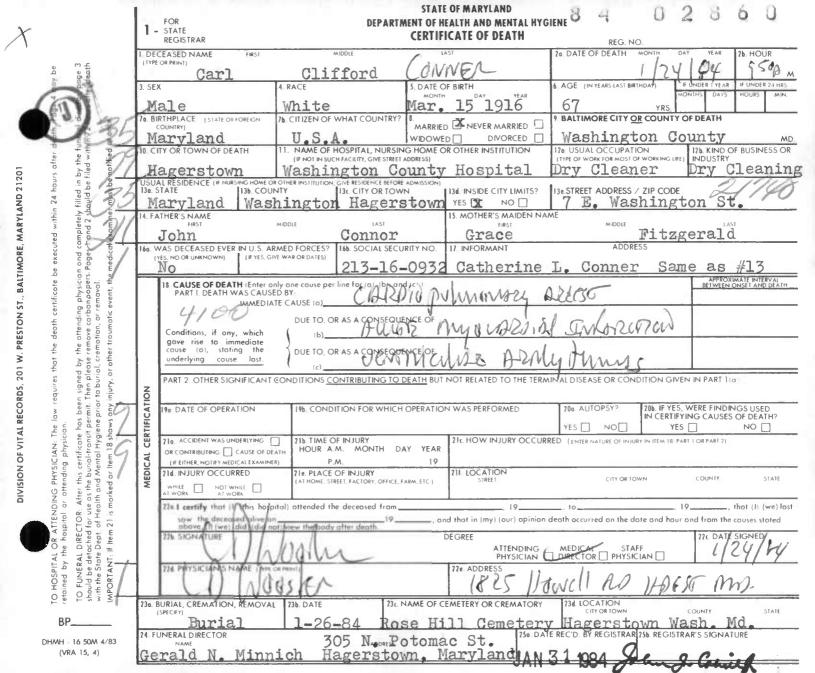
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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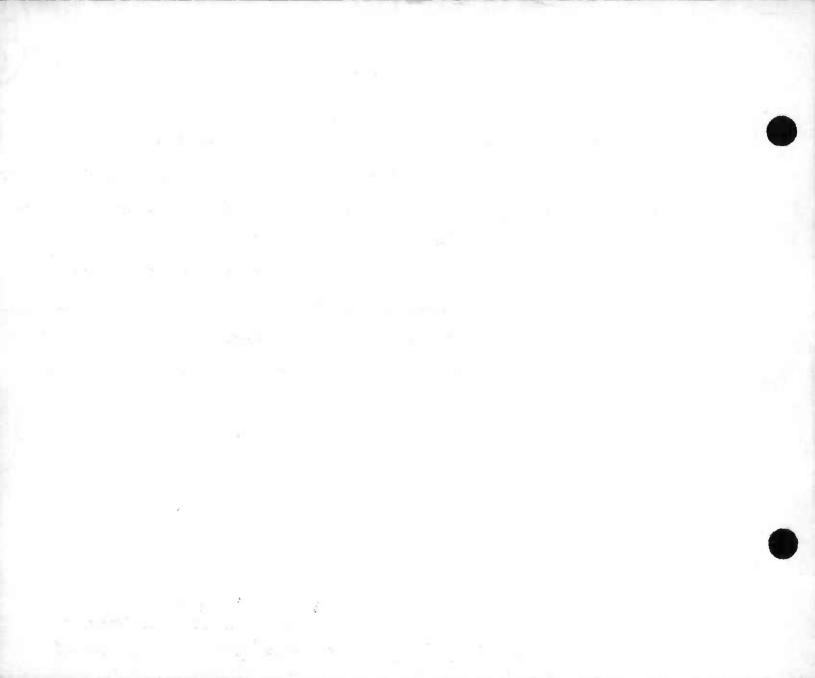
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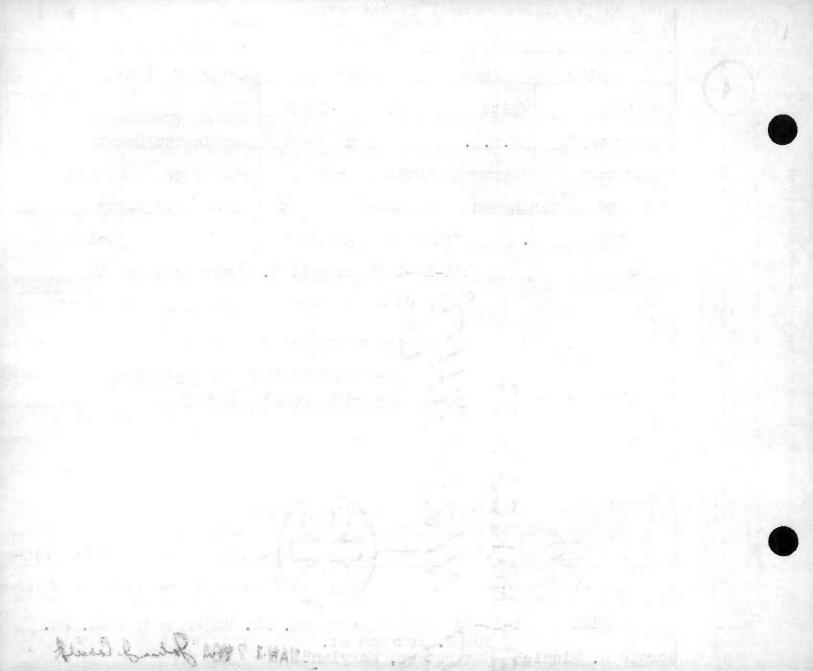


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4		11-	STATE REGISTRAR	MEI	DICAL EXAMINER					1
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	A PART SALVA	1	Sandy Hook		omac River		FOR MOST OF WORKING LIFE)		OR INDUSTR	lY
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BALTIMORE, MD, 21201	ER DEATH. IF PAGES 1, 2, 3, 3, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	14 F	ATHER'S NAME FIRST N/A	MIDDLE	LAST	15. MOTHER'S MAIDE			LAST	
WO	PAG	160.	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECURITY NO	. 17. INFORMANT	ADDRESS	5		
TIVE TO SERVICE TO SER	S AFT GIVE PAGE MISSIG		NO		N/A	Mary Craig	127 Lily 9	Street		
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NO	ZZ H	3 25		TE CAUSE (a)	ndetermined AS A CONSEQUENCE OF				-	
REST	HIN NSIT EMO		Canditians, if any, which		AS A CONSEQUENCE OF					
×	MINE		gave rise to immediate cause (a) stating the under		AS A CONSEQUENCE OF					
201	EXAL-		lying cause last.	(c)						
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2	ULD BE WPENDI FF MEDI ED AS A HEALTH AL, CRE/	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED?		20	0 AUTOPSY?	
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	TA CHE		ACTUAL SIGNATURE	work	1/hree		LE LEDICAL EXAMINER	DATE SIGNED	1/19	9/84
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	A SO		(TYPE OR PRINT)	omas D. Sm		ADDRESS		alto.,MI	).	
	TO MEDICAL EXAMINER: THE SETTIFICATE, NO ENGLY SHOULD BE FORW, OF FUNERAL DIRECTOR: PARTITIONS, WITH THE STANT MARTITIONS, MAR	23a.E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		23c. NAME OF CEMETER		23d. LOCATION CITY OR TOWN Lansdowne	COUNTY	Md	ATE
	BP 7	1	UNERAL DIRECTOR	1/21/84	Mount Zion	Cemetery 250. DATE R	EC'D BY REGISTRAR 256 REC	ISTRAR'S SIGN	ATURE	. •
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187 8954 John J. Comist.			



4	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 0 2 3 5 5  CERTIFICATE OF DEATH  REG. NO.
1		EASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
y be oge 3 deoth	(TYPE	JAMES	ROBERT DORSEY 01 26 1984 9.35A
pog	3. SE		4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HI
4 6	-	male	BLACK MONTH DAY YEAR 72 YRS MONTHS DAYS HOURS MI
P. P		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
de Car		Md.	U.S. A WIDOWED DIVORCED WAS LINGTON COUNTY
offer of with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  WASHINGTON COUNTY HOSPITAL  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
00 ours	UsU	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
AND 2 mined nould it	B-I	ARYLAND WA	ASh. HACERSTOUN YES NO U 410 PARK Place - 2174
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execu execu		ES, NO OP UNKNOWN) [IF YES, GR	RAMED FORCES? 166 SOCIAL SECURITY NO. 117. INFORMANT
be be	=	NO	a17-/0-3417 ANNABELLE DORSEY- 410 PARK PLACE  only one couse per line for (a), (b), and (c)  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEA
certificate and provide the provided to the pr		PART I. DEATH WAS CAUSE	only one couse per line for (a), (b), and (c)  SED BY:  ATE CAUSE (a)  RESPIRATORY FAILURE  5 655
STON S  reath cer fending e corbo on, or re umotic e		2030	DUE TO, OR AS A CONSEQUENCE OF
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the daing physician and completely that in the state this certificate has been signed by the offending physician and completely fitted in the ost the buriol-transit permit. Then please remove corbon appears Targer Land in the ost the buriol-transit permit. Then please remove corbon appears Targer Land in the fitted in the and Mental Hygigur print to buriol, cremation, or removed of Mem 18 also only injury, or other troumotic event the medical administration.		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF
201 ned b pleo uriol,		PART 2 OTHER SIGNIFICANT	(c)
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BCO ow r	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ALR he le hos t pe	HE I		YES NOW YES NO
VITA hysicic roote roote Hygil		218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	
SICIA ng ph riol:	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	CAIN .
HYS and in din din din din din din din din di	ED	214 INJURY OCCURRED	21e PLACE OF INJURY  [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]  21f LOCATION  STREET CITY OR TOWN COUNTY STATE
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5 5 ± 2 3 € 1	23a. l	URIAL, CREMATION, REMOVAL	
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DHMH - 16 50M 4/83	24 F	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

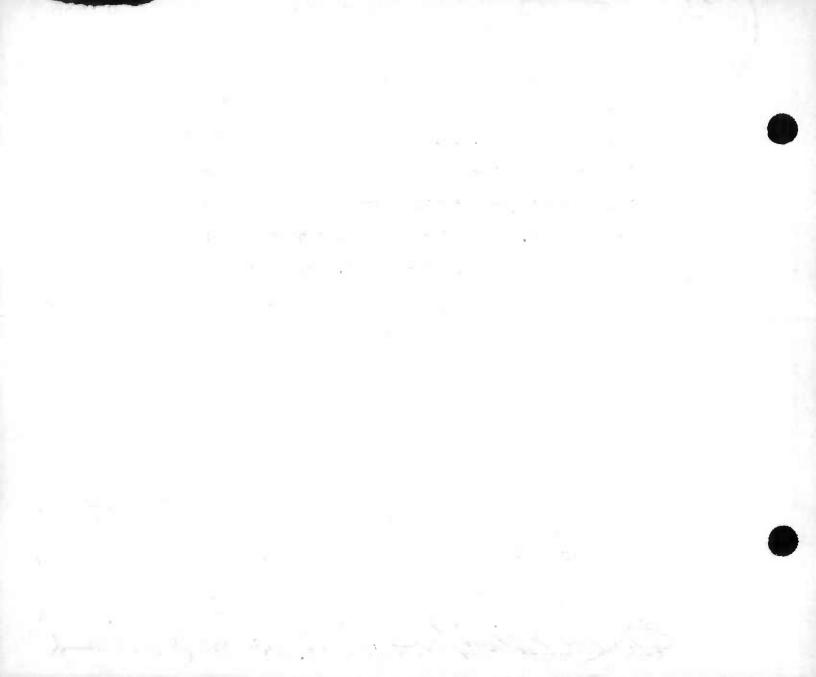
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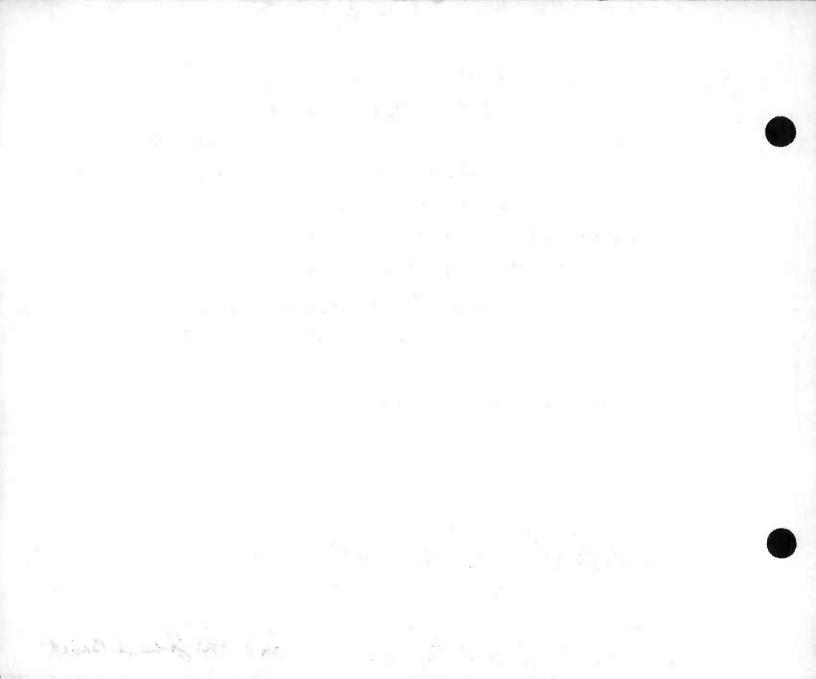
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6	1	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2 3 6 9
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te be executed icion and camp ters. Page 1 and 11.	16a	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SE- 214-07-		17 INFORMANT Mrs. Mary H	elen Fahey, Hag	erstown, MD
the faw requires that the death certh-control to the strength of the attenting phy is permit. Then please remove control or remove and process to burial, cremation, or remove after any injury, or other traumatic event	CERTIFICATION	PART L DEATH WAS CAUSE  H 900  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  POT OTHER SIGNIFICANT.  19e DATE OF OPERATION	DUETO OF	R AS A CONSECU	QUENCE OF	OSCIULIONOTHETERM WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
TO HOSPITAL OR ATTENDING PHYSICIAN, TO POSPITAL OR ATTENDING PHYSICIAN, TO PUNERAL DIRECTOR, After this certificial toold be detected for use as the build-from with the State Dept of Health and Mental Hyg.	MEDICAL	THE ACCIDENT WAS UNDERTRING OR CONTRIBUTING CAUSE OF DE IN ETIMER, NOTIFY AND CALEARAMINA  THE TIMER, NOTIFY AND CALEARAMINA  THE TIMER, NOTIFY AND CALEARAMINA  THE TIMER CONTRIBUTION OF THE CONTRIBUTION OF	AIH HOUR AJ	M. MONTH M. DF INJURY BET. FACTOR: CHAC	NAME OF CO	211 LOCATION  VIELE  19  d that in (my) (pur) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  EMETERY OR CREMANORY	death accurred on the date and how DIRECTOR PHYSICIAN TILL TO CITY OF TOWN	TOWER STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F 41	uneral director MINN 5 E. Wilson Blv	ICH FUN d., Hage	VERAL.	HOME	75a, DA1	127984 John	TRAIL SIGNATURE



1		FOR		DEPARTMENT	STATE OF MAKTLAND	HYGIENE O 45	0 2 6	1 4
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4 mo	3. SE		4 RACE		DATE OF BIRTH DAY YEAR		MINDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN.
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e execut n and cu			S. ARMED FORCES			182	Os Pennsylvan:	ia Ave
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(VRA 15, 4)	A.	A. Coliman F	uneral Ho	me, Inc., Hage	erstown, Md. JA	M 40MB4	Funde Cake	ul_

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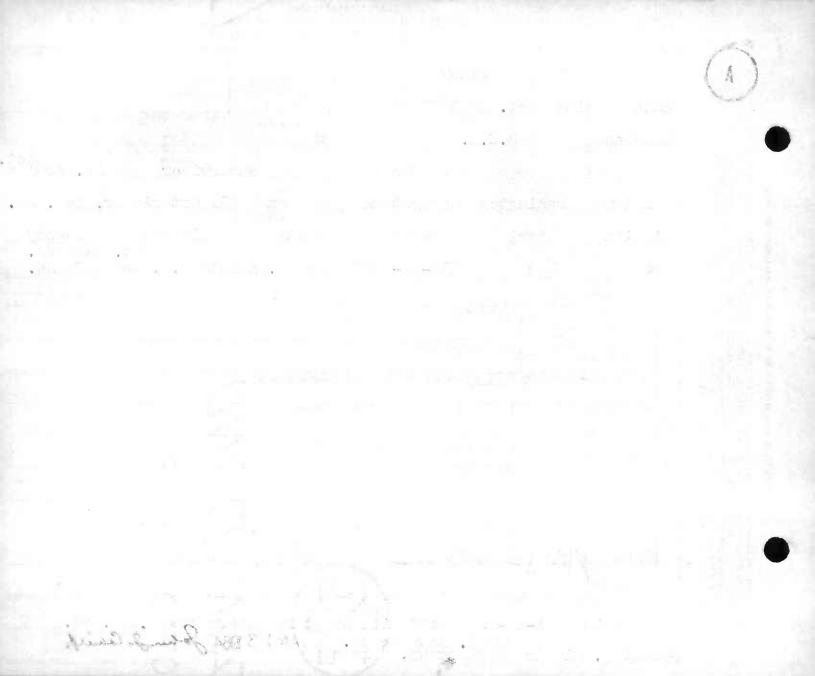
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AND 212	13a.	al residence (if Nursi State Maryland	ng hour or	TY .	13c. CITY C	OR TOWN	1	136. INSIDE CITY LI YES 🛣 NO	IMITS? 130	STREET ADD	Place		2177	'3
maryLa	14. F.	ATHER'S NAME	M	IDDLE	ı	LAST		15. MOTHER'S MA	IDEN NAME	MI	DUE		LAST	
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IMORE, on and or Pages		MAS DECEASED EVER YES, NO OR UNKNOWN) Yes		WAR OR DATES)	215-	AL SECUR 14-2]		Gloria I	. Harp		Box 72	Mg	212	773
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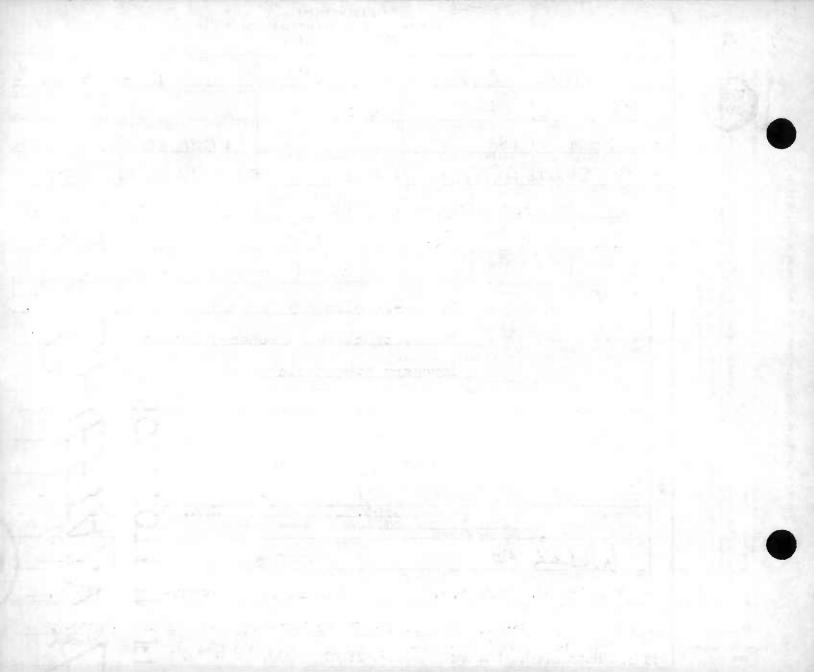
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 26. DATE KNOWN TX MONTH 2b. HOUR TYPE OR PRINTI OF ESTI-DEATH MATED LeRov 1984 FRANK GEORGE 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IE LINDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) MONTHS PRONOUNCED 5:20 DEAD 29-1920 63 Male White Det. YRS DM 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOR FOREIGN COUNTRY) Maryland WIDOWED DIVORCED Washington County 10. CITY OR TOWN OF DEATH 17h KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (Type OF WORK OR INDUSTRDent Md.ParoI Supervisor Hagerstown Washington C. Hosp. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 130. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 2231 Washington Ontario Dr. Hag. Md. Maryland Hagerstown YES [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST William Edi th Elizabeth Hardestv George Earl 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT TRANSIT PERMIT, PAGES INTAL HYGIENE, DIVISION (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Box Yes WW 212-12-8755 Rhea Helbig P CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 201 W. PRESTON ST... PART I DEATH WAS CAUSED BY AL AND MENTAL HYGIENLAND OR REMOVAL. Pneumonia complicating arteriosclerotic cardiovascular disease Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN USED AS A E CERTIFICATION FORWARDED TO THE CORNARDED TO THE CORNARDED TO THE CORNARDED AS SHOULD BE USED AS THE STATE DEPARTMENT OF HEALTHE STATE DEPARTMENT OF HEALTH DEPARTMENT OF H 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 7 L HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALLMORE, MARYLAND, 2 X 22a. I certify that I tank charge of the remains described above, held an Autopsy and in my apinian Inspection Inquiry Suicide Undetermined manner death resulted fram Natural causes Hamicide TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 1-8-84 SIGNATURE EXAMINER'S NAME ADDRES 111 Penn St., Balto., Md. Dixon, M.D. Ann M 23d LOCATION 23g BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Cemeterv Hagerstown Burial 24 FUNERAL DIRECTOR 305 Potomac St. Minnich Hagerstown, Maryland **DHMH - 17** (VR A15 ME (5)) 20M 4/B2



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John H. Bast, Jr. Boonsbord Md. 21713

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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A ATA	3. SE	(	4. RACE			DATE OF BIRTH		6. AGE (In years lost birthday) 70 YR	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
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r4 Hour	caur	Maryland	7b. CITIZEN OF WHA		WIDOWED	NEVER MARRIED X	J W	NTY OF DEATH VASHINGTON		Md.
equires that the death certificate be executed within 24 his physician. signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban paper burial, crematian, or removal, and in any event, within 72 hurial, crematian, or removal.	Н	TY OR TOWN OF DEATH agerstown	give st	ME OF HOSPITAL OR INS reet oddress) Aval	on Manor	dur	ring mast af w <b>Fechnit</b>	PATION (Kind of work dan vorking life, even if retired. ion	e   12b. KIND OF   INDUSTRY   Aircr	
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be be		Charles	Grov			Sarah	E1		Alexande	r
tificate hysicia n plea val, an		WAS DECEASED EVER IN U.S. ARI es, no, or unknawn) (If yes give w	var or dates of service)	16b. SOCIAL SECURITY N 214-09-29			Hagers	Address town, MDXX	21740	
ng p The		18. CAUSE OF DEATH (Enter on	ly one cause per line	e for (a), (b), ond (c).	)				APPROXII BETWEEN O	MATE INTERVAL DISET AND DEATH
eath endii nit.		PART I. DEATH WAS CAUSE IMMEDIA	ATE CAUSE (a)	Cerebral	hemor	rhage			2 d	ays
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nysic nysic gned gned rrial.		PART 2. OTHER SIGNIFICANT CO	(c)	ING TO DEATH BUT NO	OT DELATED TO TH	E TEDMINAL DISEA	SE OR CONDITIO	ON GIVEN IN PART 1(a)		
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he law attendings beer e as the prior t	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHIC	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	NO K	20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN C	ERTIFYING
Ital or of inficate by far us feedith	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYIN DR CONTRIBUTING CAUSE OF DE (If either, notify medical examin	ATH HOUR A.M.	INJURY Month Day Year				of injury in Part 1 ar Port	2, Item 18.)	
PHYSION TO PHYSION TO PHYSION CONTRACTOR CON	MED	21d. INJURY OCCURRED 21e. While Nat work	PLACE OF INJURY (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ctory,) 21f. LOCAT			City or Town	County	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban paper shauld be tiled with the State Dept. at Health priar ta burial, crematian, or removal, and in any event. Within 72 now		220. I certify that (I) (the saw the deceased causes stated above	is hospital) atte live an Ja e,(I) (we)(did)(	nded the deceose n 9 1 did nat) view the	ed from Se 84, and the bady ofter dec	pt., iat in (my) (ou th.	, 19 <mark>8.3</mark> , ur) opinion (	to_Jan	19 <u>84</u> , that dote ond haur	(I) (we) lost ond from the
OR ATT be retai DIRECTO Ple 3 sha		22b. SIGNATURE	122	Dukl	DEGREE	ATTENDING PHYS.	MED. DIRECTO	STAFF PHYS.	1/14/84	
ERAL I		22d. PHYSICIAN'S NAME (Type) Howa	ard N. W	eeks, M.	D.	22e. ADDRESS	Нас	Northern erstown, M		
HOS Be 4 FUN rector	23a	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY OR CRI	MATORY		LOCATION (City or Town)	(Caunty)	(State)
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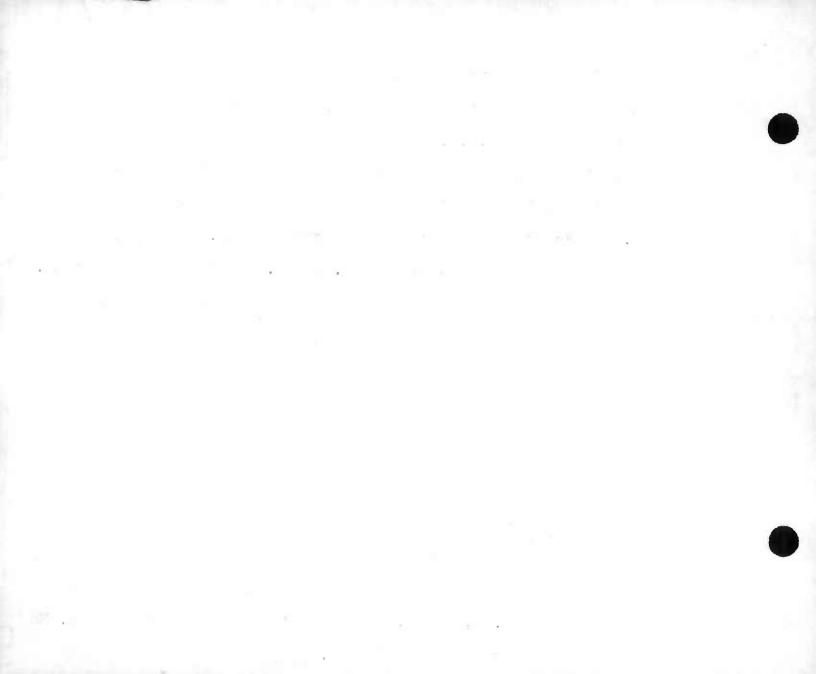
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27 be 20 co 3 3 de ch	3. SE	CEASED NAME FIRST PRINTING PRINTPORT PR	Mary RACE White	S. DATE OF BIRTH  June 20, 1889	6. AGE (IN YEARS LAST BIRTINDAY)	DAY YEAR 26 HOUR  4 \$ 4 1115 M  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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TO HOSI		URIAL, CREMATION, REMOVAL SPECIES Burial		NAME OF CEMETERY OR CREMATORY  t. Pauls Cemete	23d LOCATION ry Clearspri	

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

ThompsonFuneral Home Clearspring Md.

Jan. 6,84



		STATE REGISTRAR DAVID AI		INGS	NT OF HEALTH AND CERTIFICATE OF		REG. N			
deoth deoth		CEASED NAME FIRST David	A		Hasting	15	20. DATE OF DEATH	1 3/	84 3	HOUR 5:50 Am
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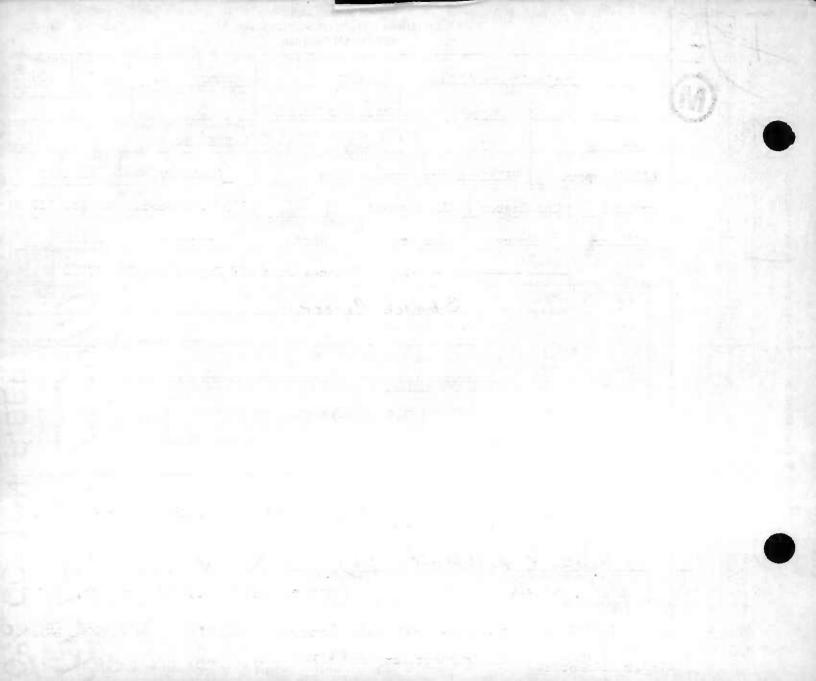
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DHMH - 16 50M 1/III (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR			DEI ARI		FICATE OF DEATH	REG.	NO.		
9	I. DECEASED NAME	FIRST		MIDDLE		EAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
J	Table and the second	Benjan	in Fran	klin	HERE	BERT	January	5,	1984	6:30 P
١	1. SEX		4. RACE		5. DATE O	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
A	Male		Whit	e	Dece	ember 24,1890	93	YRS		MOUNT MIN.
H	PERINTHPLACE - ELFAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
5	Marylamd		USA		WIDOW	-	WASHINGTO	NC		MD.
1	Williamsp	ort	Willia	msport N	ursin		120 USUAL OCCUPA (TYPE OF WORK FOR MOS innis	T OF WORKING	126. KIND C INDUSTRY Lea	of Business or ather
1	Maryland	13b. COU		GIVE RESIDENCE BEFOR TOVE WILLIAM	WN	13d. INSIDE CITY LIMITS?	13. STREET ADDRES N. Cot	s 10coch	neague S	t. 21795
1	William		MIDDLE lenry	Herbe	rt	15. MOTHER'S MAIDEN NA Sarah	WE		Row1	and
	16a WAS DECEASED E		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT		RESS		
	no			215-09-	7339	Frances Bench	noff Waynes	sboro,	PA 172	68
		immediate stating the ause last.	(b)	R AS A CONSEOU	JENCE OF	NOT RELATED TO THE TERM	VINAL DISEASE OR CO	ONDITION G	SIVEN IN PART 1	ďa
1	19a DATE OF OP	ERATION	19b COND	ITION FOR WHICH	H OPERATIO	on was performed	200 AUTOPSY? YES NO	IN CERT	'ES, WERE FIND! TIFYING CAUSES YES []	NGS USED S OF DEATH? NO
1			1111	FINJURY M. MONTH [ M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	8 PART I OR PART 2)	7
	OR CONTRIBUTING  (IF EITHER NOTIFY  21d INJURY OCC	CURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	sow the de abaye, (1)	ceased alive an	tol) attended the	e deceased from,	0.1	2/15 , 19 83 nd that in (my) (************************************	,	date and h		that (I) (we) last causes stated
	22h SIGNATURE	John K	2 m	elent	2 0	DEGREE  ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [	22c. DATE	SIGNED
	John	R. Meln				16220 Frede	rick Rd.,	Gaith	ersburg,	MD 2076
	23a BURIAL, CREMATI	ial	Jan.9			11 Cemetery	23d LOCATION CITY OF TOWN Hagerstov E REC'D. BY REGISTRA			
	Madam M. Oc	(1)	Willi	amsport,	Maryla	and 21795	7777	0		10 N.



reisqued 5 copies						OF MARYLAND	92	0 0 0	
5 2/21/8	1-	FOR STATE				EALTH AND MENTAL HYG	IENE O "	12004	
R	1 000	REGISTRAR JAMES RUSSEL HOFFMAN CERTIFICATE OF DEATH REG. NO.							
1 000		CEASED NAME JAME				DEEMAN	. 1	-/ S	
6 69	3. SEX		4 RACE	£ 2000	IS DATE O	AE BIPTH	6. AGE (IN YEARS LAST BIRTHDAY)	15 184 3 30 M	
app. 29 a	J. JEA	Male	Whi	te	0. 07112	ıst 24, 1901	82	MONTHS! DAYS HOURS MIN.	
1 50 Or	7a. BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTS			9. BALTIMORE CITY OR COUNT	IY OF DEATH	
4 15 (30)	N.	aryland	U.S.	.A.	WIDOWE	NEVER MARRIED	Washington Cou	int.v MD.	
of the delice		TY OR TOWN OF DEATH		HOSPITAL, NUR		ospital	12a. USUAL OCCUPATION (TWE OF WORK FOR MOST OF WORKING: USING: COMPANY OF WORKING:	12h KIND OF BUSINESS OR	
BALTIMORE, MARYLAND 2120: cote be executed within 24 hours ysicion and completely lifted in by apers. Pages Land 2 should be the val. tt, the medical examler, must be medical		L RESIDENCE (IF NURSING HOMEO TATE 13b. COU	R OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	134. INSIDE CITY LIMITS?	13. STREET ADDRESS Route # 9 Box	21740	
the state of the s		laryland Mas	hington	Hagers	SCOWII	YES NO 1		1 103	
MARY ed with		FIRST	MIDDLE	Hoffman	n	Barbara	WIDDLE	Lowerv	
RE, A		AS DECEASED EVER IN U.S. AF	RMED FORCES?	16b SOCIAL SI		17 INFORMANT	Route # 9	Box 163	
IMORE.	(Y	NO (15 YES, GT	VE WAR OR DATES)	216-01-	-4142	Hilda L. Hof	fman Hagerstown		
, BALT ficate to papers, noval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse pe	r line far (a), (b)	, and (c).1	0	- 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
			TE CAUSE (a)			andiac	Failure	6 пи сер	
RESTON death ce attendin nove carb ation, ar i		9190	DUE TO, C	R AS A CONSE	OUENCE OF	. 0	otic Heart A	1 / 1	
REST e dec notion frou		Canditians, if any, which gave rise to immediate	(b)		arte	moscles	our plant	serve	
W.F bot th sere cren		cause (a), stating the underlying cause last.	DUE TO, C	R AS A CONSE	QUENCE OF				
201 res the		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING."	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1(0)	
PRDS, Surrection signal to but	NOI	Carcin	oma	Prost	iato Z	metastas	is		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAG PHYSICIAN The law requires that the death certifical this certificate has been signed by the attending plant the surriditional period. The please remove corbon plants and Martial Ingelies prior to buriol, cremation, or remaining the manufacture of particular and martial ingelies and prior to other traumatic even and activities.	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?	
THE STATE OF THE S	ERT	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	YES NO NO NET NOTE NOTE NOTE NOTE NOTE NOTE	YES NO D	
OF V	- 1	OR CONTRIBUTING CAUSE OF DE		.M. MONTH	DAY YEAR	.0			
NO PAYS	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFI		21f. LOCATION	CITY OR FOWN	COUNTY STATE	
UVIS after the three thr	8	AT WORK NOT WHILE AT WORK	(AT HOME, ST	REET, PACTORY, OFF	ICE, FARM, ETC.)				
Health A me		220.1 certify that (11) (this hasp	ital) attended t	ne deceased fra		march 19 5	10 dan 25	, 19 84 , that (We) last	
ATT? Copin defor defor a 21		saw the deceased alive ar above, (I) (we) (did) (did no 22b. SIGNATURE	at) view the bady	after death.		DEGREE	death occurred an the date and ha	22c, DATE SIGNED	
the hard on the hard on the hard of the Degrade of the Degrade of the Degrade of the Degrade of the		Robt	VhC	amp	2000	ATTENDING PHYSICIAN I	MEDICAL STAFF	1/25/01	
HOSPITAL med by th FUNERAL old be deli title State		224 PHYSICIAN'S NAME (TYPE	71-1	11		22e ADDRESS			
O HOSE to Fund to Fund for Fund f		KVhC		10/		Na	genslou	N MIC	
25 12	23a. B	URIAL, CREMATION, REMOVAL					23d. LOCATION CITY OF TOWN	COUNTY STATE	
BP	24 511	Burial INERAL DIRECTOR	1-28	-84	kest Ha	ven Cemetery	Harerstown, Wa	shington, Md.	
DHMH - 16 50M 4/82	A T	Coffman Fune	mol Uom	ADDRE	SS Un moment	JAWA	1 1004	- chartering	
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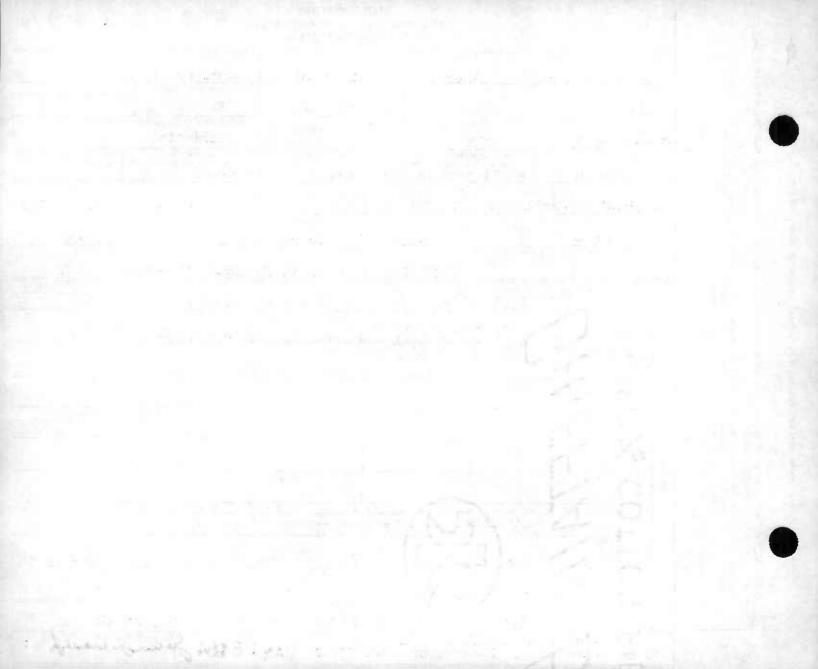
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	agersto		(IF NOT IN SUCH F	SPITAL, NURSING HOME, FACILITY, GIVE STREET ADDRESS)		$D \cap A$	12a. USUAL OCC FOR MOST OF V	ORKING LIFE)		KIND OF BUSINESS OR INDUSTRY
1	0			gton County		oital	Lath Op	erator		urniture
13a.	state aryland	13b COU	NTY hington	13c CITY OR TOWN	13		13e STREET ADD	RESS		21734
	ATHER'S NAM			Funkstown		YES X NO		st Said	e Ave.	
	George		MIDDLE	Howard, S		Alice		WIDDLE	Sno	otterly
160.		DEVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY		. INFORMANT		ADDRESS		
	yew	W.	W. II		N	Mrs. Cath	erine N	Howar	rd, Fun	nkstown, Mc
	18. CAUSE C	OF DEATH (Enter of EATH WAS CAUS	only one couse per lin	ne for (a), (b), and (c).)	_ /	/			BE	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	PARITO		ATE CAUSE (a)	ranio (6	3040	11/11	419	NES	4	
7	ろら Condition	ins, if any, which	h DUE TO, O	R AS A CONSEQUENCE C	F	10	1/ 5	-00	,	
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	lying co		2 00010,0	K AS A CONSEQUENCE C			•			
	PART 2 OTNER S	IGNIFICANT CONDITION	IS CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE TERMI	NAL DISEASE OF	R CONDITION GIVEN IN PAG	T 1 (9)			
ON		Alcoho	113m	periphera.	Va:	sculero	lis Ca	se		
CAT	190. DATE O	OPERATION	19b COND	TION FOR WHICH OPER	TION WAS	PERFORMED?			20	AUTOPSY?
RTIF	21a EVTERNI	AL CAUSE WAS	216. TIME C	DE INCHIDO	Tal. HOV	WALLEY OCCUPATION				YES NO
MEDICAL CERTIFICATION	UNDERLYIN	G OR	HOUR A.	M. MONTH DAY YEAR	ZIT. HOW	V INJURY OCCURRE	U (ENTER NATURE OF	MJURY IN ITEM 18	PART 1 OR PART 2)	
DIC	21d INJURY	OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f LOCA			_		
ME	WHILE AT WORK	NOT WHILE	STREET, FA	CTORY, FARM, ETC )	STRE	ET	CITY OR	NWOT	COUNTY	STATE
			ran al the ramains de	escribed above, held an	Autopsy	, Inspection			id in my apinian	
	death resul	,	ural causes .		ide .	Homicide .	Undetermined		iu iii my apinian	
			W -		,		a I			1.1.
	SIGNATURE	111	193	_	M.D.	Dot As	15 MEDICAL EX	AMINER	DATE SIGNED	114184
ear.	EXAMINER'S	NAME &	21/0. 11.	Dall mo		1/10	0 6. 1/-//	1.0	11 - 1	100
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230.	burial	TION, REMOVAL		23c. NAME OF CEM			23d. LOCATION CITY OR TOWN		COUNTY	STATE
24.	FUNERAL DIRE	CTORMINNI	CH FUNE	RAL HOME	veii C		EC'D BY REGIST	RA Sh REGI	STRAR'S SEN	Maryland ATURE
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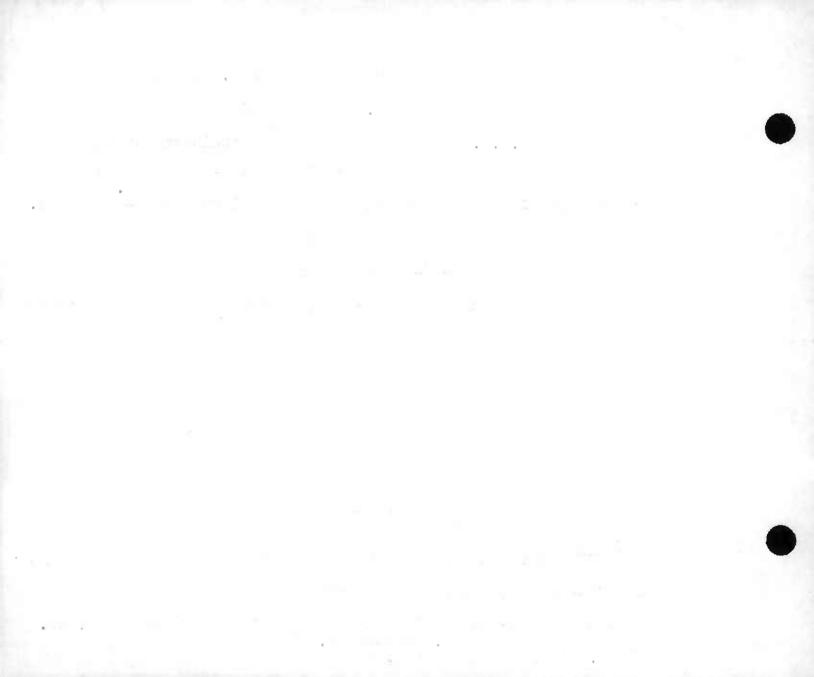


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

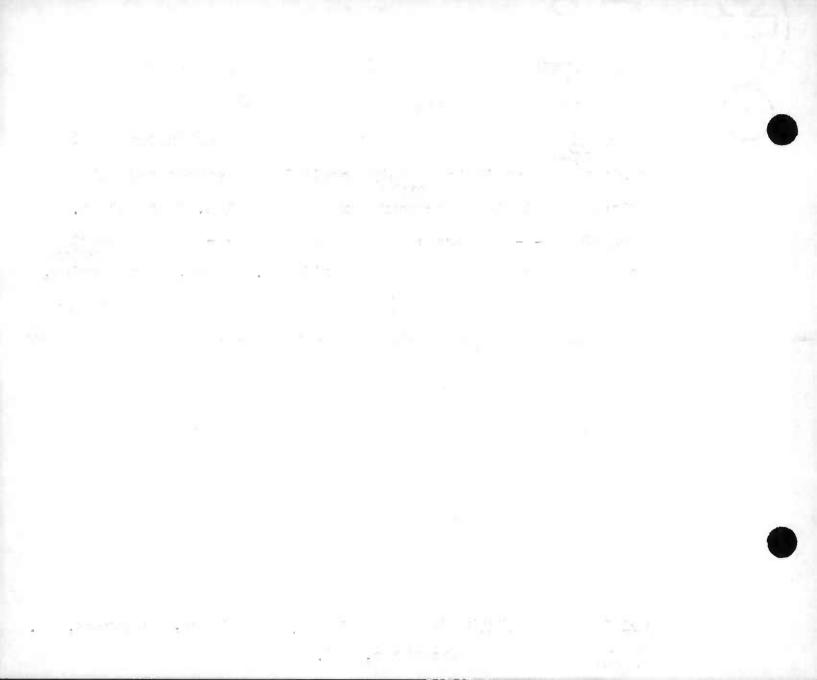
FOR STATE

REGISTRAR



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2 15	1. DEG	CEASED NAME FIRST	EV	ELYN	KEA	RNS		JAN . 2:		984	12:05BM
Page 4 may hadredge hours after dea	3. SE	X FEMALE	4. RACE WHITE		5. DATE OF		YEAR	6. AGE (IN YEARS LAST BIRTI		UNDER LYFAR	IF UNDER 24 HRS HOURS MIN.
4 52 5		RTHPLACE (STATE OR FOREIGN COUNTRY) MARTINSBURG, W	76. CITIZEN OF WH	A -	8. MARRIED WIDOWED	NEVER MARI		9. BALTIMORE CITY OF WASHING	-		MD.
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within 24 hau letely filled in d 2 shauld be milder must be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE  MARYLAND WAS  ATHER'S NAME  FIRST  JOSEPH STOKES	HI 13	E RESIDENCE BEFORE , C. CITY OR TOWN HAGERST	OWN	31. INSIDE CITY L YES MO S. MOTHER'S MA UNKN	AIDEN NAA		ZIP CODE POTOMA WIER	4000	Junghol)
e executed and camp Pages 1, an medical exe	16a. V	VAS DECEASED EVER IN U.S. A		2322676		T INISODAMANIT		ADDRE	22	PA. RD.	BALTO,
quires that the death certifical signed by the attending phy hen please remove carbanpo to burial, cremation, ar removilury, ar other traumatic event	NO	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF  UNDERTOO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV								Here Yes	us me
hos been hos been prior ows ony in	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH	OPERATION	WAS PERFORME	ED	200 AUTOPSY?		WERE FINDING CAUSES	
IG PHYSICIAN: T otherding physici fer this certificate is the buriol-transit on and Mental Hygin ked or them 18,sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. P.M. 21e. PLACE OF	MONTH DA	Y YEAR	21c HOW INJUR 211. LOCATION STREET	Y OCCURE	RED (ENTER NATURE OF INJUR		COUNTY	STATE
ITAL OR ATTENDING by the hospital ar a ERAL DIRECTOR: Afte edetached for use as state Dept. af Health		22a. I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did) (22b. SIGNATURE	on the body of	ter death.	DI	ATTE PHY: 27e. ADDRESS	NDING SICIAN [	MEDICAL STAF	F IAN []	22c. DATE	SIGNED
TO HOSP Should be with the S		BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	SON , M I 1-24-8	23c. N		METERY OR CREATE 1 Cemete	MATORY	23d LOCATION CITY OR TOWN Hagerstown		COUNTY	STATE
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR NAME COFFMAN FIINER		ADDRESS HAG MT			25a. DAT	25 984	25h. REGISTR	AR'S SIGNA	URE

TORNE AL DIEGO. EL EMPER L'ESTA L'EUROPEE Torrest Services (1996) The best property of the services of t



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1601 Pennsylvania Ave. Hagerstown.

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)

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(VRA 15, 4)

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1		' '	REGISTRAR CORA C										
			CEASED NAME FIRS	T	1	MIDDLE	1	AST	20	DATE OF DEATH	H MONTH	DAY YEAR	2b, HOUR
pe	page 3	(ITPE	COR	A			L	obach		January	31,	1984	M
no y	p a	3. SE		4 RA	CE		5. DATE C			AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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2/	D 0		RTHPLACE (STATE OR FOREIGN	N 7b. CI	ITIZEN OF	WHAT COUNT	nv2   8	NEVER MARRIED		BALTIMORE CIT			
10	B C		laryland		U.S.A		WIDOWE			Washingt	on Co	untv	MD.
o è	within 7	10. CI	TY OR TOWN OF DEATH					R OTHER INSTITUTION	N 120	USUAL OCCUP	PATION	12b. KIND C	OF BUSINESS OR
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ND 24	filled ould b			ashin	gton	13c CITY OR T	Spring	134 INSIDE CITY LIMIT	-	Route #		ox 206	
YLA	d 2 sho		THER'S NAME					15. MOTHER'S MAIDEN					
AAR d	0.0		Alfred	MIDDLE	E	Gilro	ov	Hatti	e	MIDDI	E	Seigh	
ORE, MA	Colex		VAS DECEASED EVER IN U.S			166 SOCIALS		17 INFORMANT		D AD	DRESS	Box 206	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician.	or right		PART 2. OTHER SIGNIFICA	ANT COND	DITIONS CO						ONDITION	GIVEN IN PART 11	0
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00 3	mit. prior	CERTIFICATION	196 DATE OF OPERATION	1	1	2 , 1		N WAS PERFORMED	Т	20s AUTOPSY?		YES, WERE FINDI	
1 RE	has per	TIFIC								YES NO		RTIFYING CAUSES YES []	NO []
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TTEN	for und the		sow the deceased alu above (1) (we) (did) (did)	tid antivia	1/3/	ofter depth	9 84 , 01	d that in (my) (our) api	oinion dea	th occurred on th	e dote and	hour and from the	causes stated
R ATT	REC hed ept.		27h SAINATURE ) M	In II	w life body	offer death.	4.	DEGREE				22c. DATE	SIGNED
the o	of Do		18h & 11	leker	~		m	ATTENDIN PHYSICIA	ING ING	NEDICAL S	STAFF YSICIAN []	15	1/84
by by	FUNERAL I		224 PHYSICIAN'S NAME	TYPE OR RIN	T)		-	22e ADDRESS		- (	1		
HO			STEPHEN 6	= N	IETZ	NET.	MI	1855 HO	WELL	- Rd - 1	1466U	STOWN, N	10 21741
5 e	543 X	23a. E	SURIAL, CREMATION, REMO	OVAL 23	b. DATE		23c. NAME OF C	EMETERY OR CREMATO	ORY	23d LOCATION		-	<u> </u>
BP			Burial		2-2-8			awn Memoria		Hagers	cown.	Washingt	on. Md.
			UNERAL DIRECTOR		~-~~			WIL PERIORIA	- MAR	DO WESIST	RAR 250 REC	SISTRAR'S SIGNAT	TURE
	16 50M 4/83 A 15, 4)	A.	K. Coffman F	inera	1 Hom	e. Inc.	Hagerst	own Md.		4 604	don	مسيال لغد	nely
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by T	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	YGIENE REG. N	10.	2899
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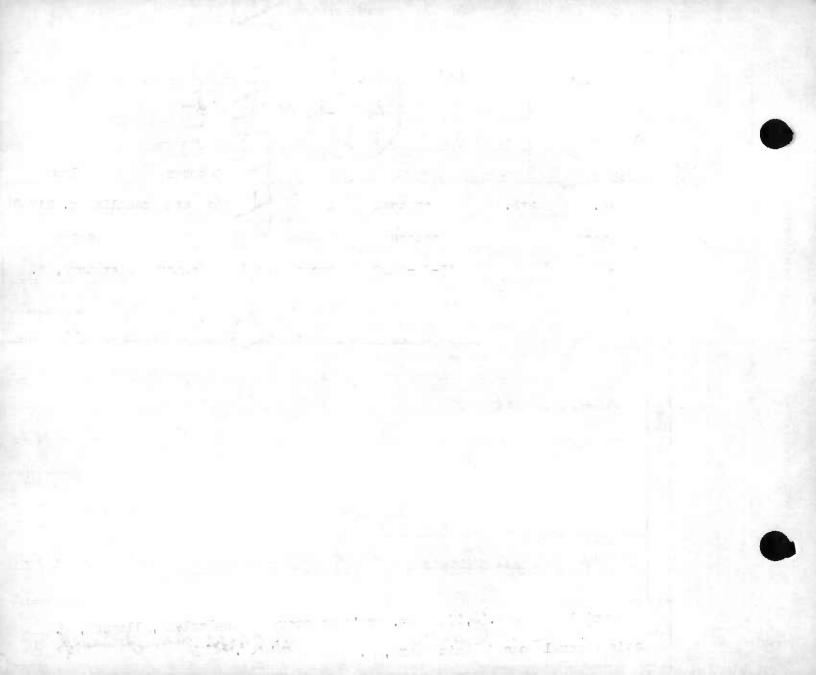
DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-5:00 1084 MARY LONG DEATH MATED JAN. HELEN 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED Female White Oct.12,1928 DEAD PM BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Hagerstown. Md. U. S. A. X WASHINGTON DIVORCED WIDOWED ID CITY OF TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS Keedysville S. Main St. Housewife Own Home 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 67 S. Main St. Washington 21756 Keedysville 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Beatrice Reybolt Barger 16b. SOCIAL SECURITY NO. ADDRESSO9 Summit Ave. 17 INFORMANT NES NO. OR UNKNOWN) 218-24-9533 Gerald Lee Long, Jr. Hagerstown, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST - CARDIAC ARREST IMMED. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which - ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE 10 YEARS gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO A 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK X 220. I certify that I taak charge of the remains described above, held an Inspection and in my opinion EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH WITH THE BIR TIMORE, MARYLAN Natural causes X Accident Homicide Undetermined manner TITLE (SPECIFY) SIGNED JAN. 6.1984 ACTUAL DEPUTY SIGNATURE WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 21740 ADDRESS Burial 1-7-84 Boonsboro Cemetery Boonsboro, Wash. Co., Md. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Boonsboro, Md. 21713 John H. Bast, Jr. (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

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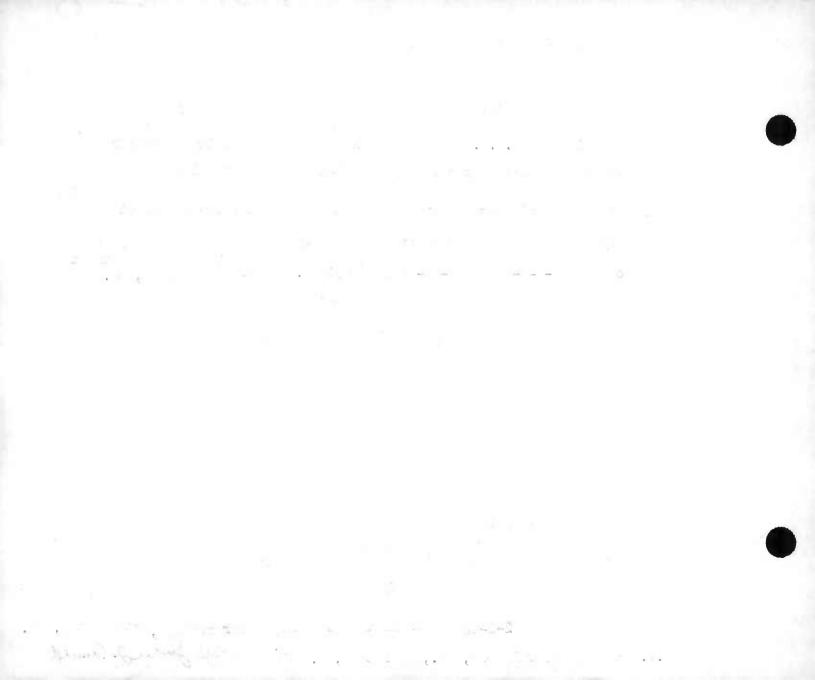
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STATE OF MARYLAND



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the hos the hos at DIREC etached te Dept.		The SIGNATURE Carles	R. Ckan	ey M	ATTENDING PHYSICIAN D	MEDICAL STAFF	1/30/84
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5 € 5 € 3 ₹	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
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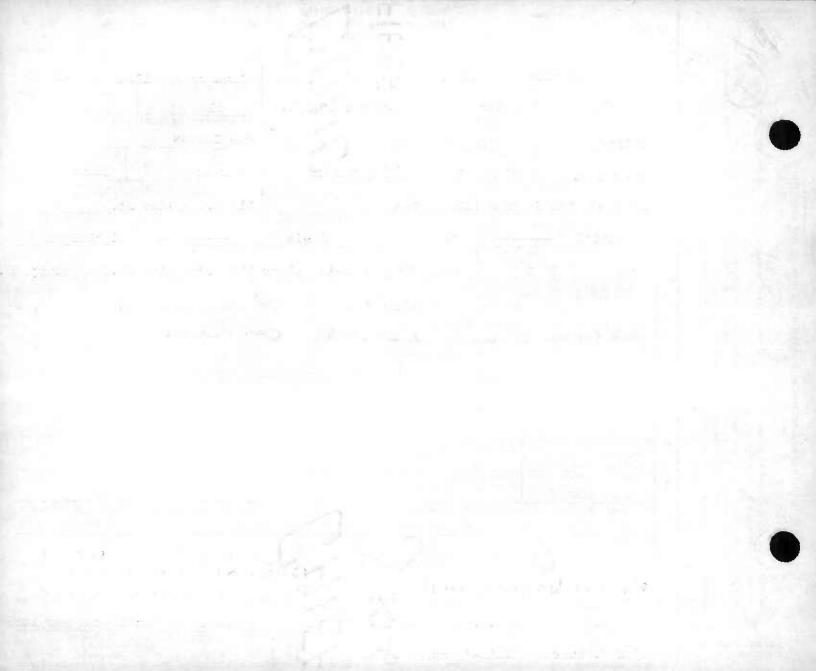
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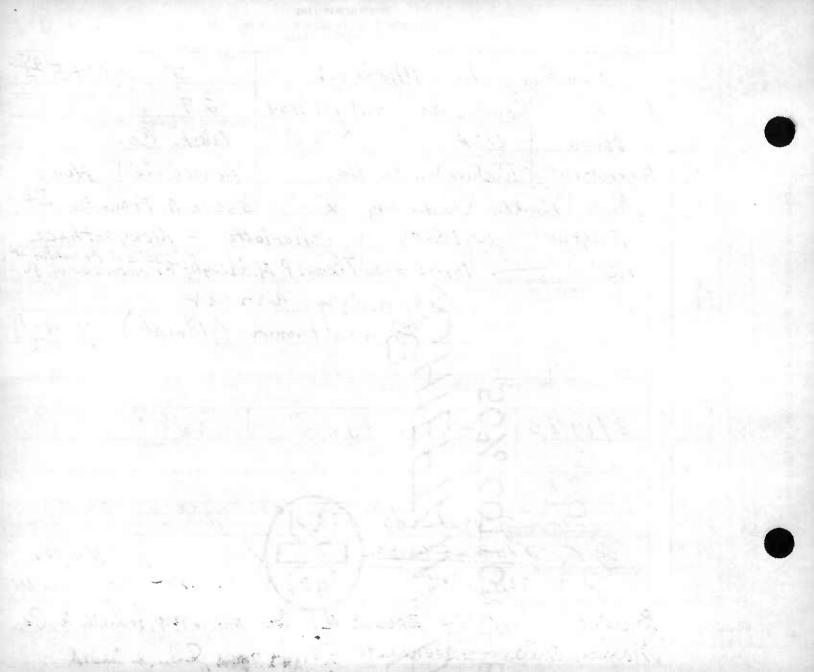
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REGISTRAR DECEASED NAME 20 DATE KNOWN AMONTH DOOM Kraig (TYPE OR PRINT) ESTI-DEATH MATED AGE (IN YEARS SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Dec. 9,1971 12 YRS DEAD Male White 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED TO FOREIGN COUNTRY) U.S.A. WIDOWED [ DIVORCED Maryland KIND OF BUSINESS O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK OR INDUSTRY Student Route D 2 SHOULD BE F School amiths burg SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Wash. Smiths burg 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Ba. STATE Rt. 2. Box 414 YES [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE FIRST LAST Martin Lehman Marlin Eva 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 214-02-1547 E. Martin. Smithsburg. no APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PAGE 3 SHOUID BE USED AS A BURIAL - TRANSIT PERMI STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES 🗌 NO [ 216. TIME OF INJURY 21a EXTERNAL CAUSEWAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) EXECUTE THE CERTIFICATE, WRITING THE WAS PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR; PAGE 3 SHOULD 1 SHEED BEATH, WITH-YHE STATE DEPARTMENT BATTENDER, MARYDAND, 21201 PRIOR FOR 10 SHADE SHADEN TO SHADE SHADEN TO SHADE SHADEN TO SHADE SHADEN TO SHADEN TO SHADE SHADEN TO SHADE SHADEN TO SHADEN TO SHADE SHADEN TO SHADEN HOUR A.M. MONTH DAY DOR UNDERLYING MEDICAL 758 P.M CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE 220 I certify that I taak charge of the remains described above, held are Inspection Autopsy and in my apinion Accident death resulted from: Suicide Homicide Undetermined monner ACTUAL SIGNATURE SIGNED FXAMINER'S NAME (TYPE OR PRINT) 231. NAME OF CEMETERY OR CREMATORY CEMETERY 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION (SPECIFY) Burial Greencastle. Frank. BP. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATU 24. FUNERAL DIR **DHMH - 17** Home, (VR A15 ME (51) 20M 4/82

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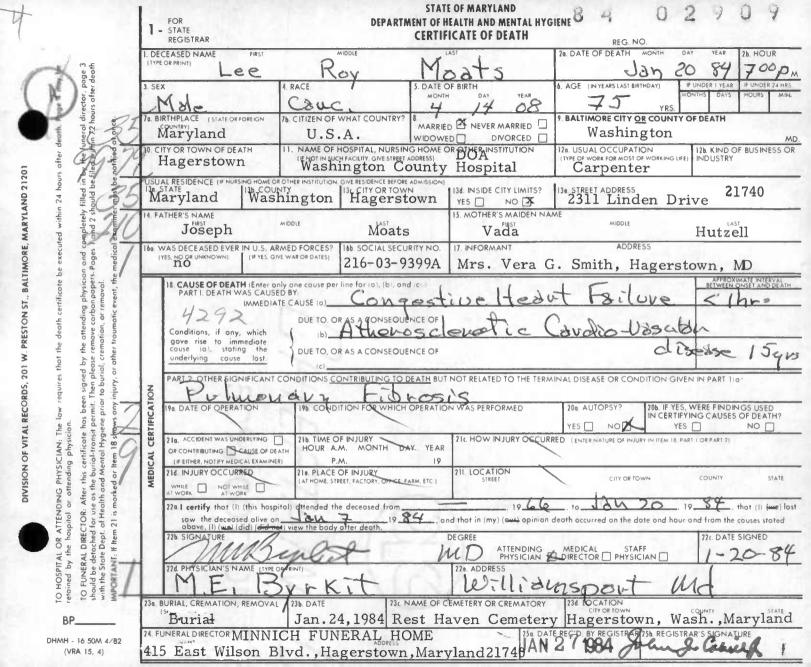


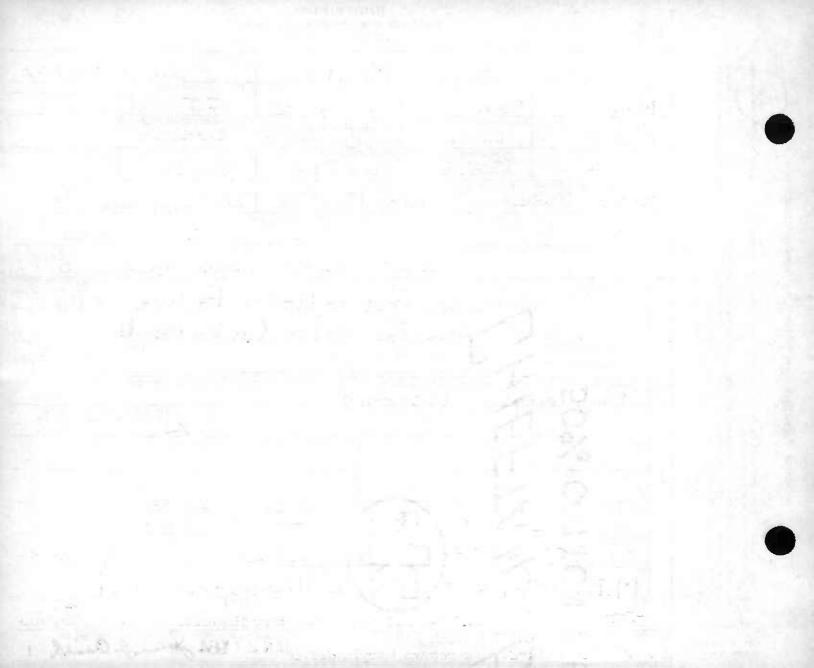
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ANY D AND 3 BETAIN HOULD RECORD	III. S		13b. COUN		ve residence before admiss 13c. CITY OR TOWN Blairvill		13d INSIDE CITY LIMITS		et address vey road		2172
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HIS CERTIFIC WRITING TH VARDED TO 1 VAGE 3 SHOU ATE DEPARTA		The Lease Li	that I took char	ge of the remains de	cribed above, held on	_Autops	Homicide	1	Inquiry .	and in my op	inion
HIS CERTIFIC WRITING TH ARDED TO AGE 3 SHOL ATE DEPART 1201 PRIOR		death resulted	The state of the s	May	My S	icideM	Deputy (		CAL EXAMINER	DATE SIGNE	<sub>D</sub> 1/3/8
TO MEDICAL EXAMNER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING TH PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOU AFTER DEATH, WITH THE STATE DEPARTM BALLIMORE, MARYLAND, 21201 PRIOR 1		ACTUAL 5 IGNATURE EXAMINER'S N (TYPE OR PRIN	AME Thon	mas D. Smi	Sunt.	> _w	Deputy C	hief <sub>mede</sub> Penn	CALEXAMINER St. Balt		D_1/3/8

emple element And introduction and the U.S. parks are a PERSON WILLIAM 





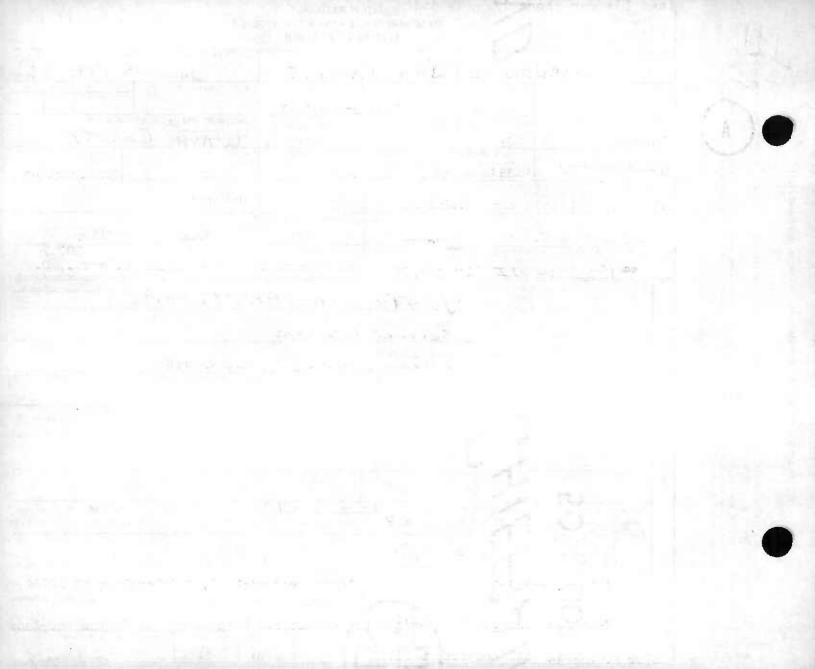
415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 4/82 (VRA 15, 4) 18.8 02 834 Jung and

		em 13e per ph	one 1/24		ENT OF HE	OF MARYLAND ALTH AND MENTAL HY	GIENES 4 O	2911
111		REGISTRAR CEASED NAME FIRST		MIDDLE	CERTIFIC	CATE OF DEATH	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be ge 3 deoth	( TYPE	GORY	DON 1	ELIJAH	+ P	ADGETT	JAN.	15 1984 8 AM
od ;	3. SE.	X	4. RACE		5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
- 1/35 X./	2 0	Male	White	WHAT COUNTRY?	Decem	ber 5,1887	96 YF	
TO THE	A1a	RTHPLACE   STATE OR FOREIGN COUNTRY)	USA		WIDOWED		WASHINGTON (	COUNTY MD.
10 salar	W	Als prisporad.	William	Sport Nur	sine	OTHER INSTITUTION Home	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Owner	12b. KIND OF BUSINESS OR INDUSTRY  Construction
ND 2122	USU 13α. S	AL RESIDENCE (IF NURSING HOME STATE 134 CO	or other institution UNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Andalusi	ADMISSION)	3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS UNKNOWN	99999
d within mpletely if ond 2 sho		ATHER'S NAME FIRST	WIDDLE	Padgett		IS. MOTHER'S MAIDEN N	Anne Anne	Riley
MORE, A		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	17 INFORMANT Dla Wennerbe	rg 10300 Gorman	20707 Rd.Laurel,MD.
VST., BALT certificate b ng physicia bonpopers removol.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY: DATE CAUSE (a)	VEN	TRIC	LULAR P	RRHYTHM, M	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the death ed by the ottend please remove co rial, cremation, or other traumat		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)	RAS A CONSEQUE	NCE OF		SYND ROME	CIVEN IN PART I/O
A RECORDS, 3	CERTIFICATION	198 DATE OF OPERATION		ITION FOR WHICH			20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED RITEFYING CAUSES OF DEATH?  YES NO NO
SICIAN: The physician of physician certificate miol-transitient la hyginitem 18 shows the mill shows the physician of the phy		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.		Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	n 18 PART 1 ORPART 2)
DIVISION OF VITAL  NG PHYSICIAN: The offending physician wher this certificate in the ost the buriol-transity th and Mental Hygiel orkedag frem 18 sho	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE FA		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DR: A OR: A Heal		22a. I certify that (I) (this how the deceased alive above, (I) (we) (did) (did	on 11-	28 19 8		that in (my) (our) apinio	n death occurred on the date and	hour ond from the causes stated
DIRE DORE		THE SIGNATURE	Melu	of us	1	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL etprined by to FUNERAL should be definith the Stote Mith the Stote Mith the Stote Mith the Stote Mith the Stote MORTANES		John R. I						rsburg MD 20760
199999	40	BURIAL, CREMATION, REMOV. (SPECIFY)  Cremation				metery or crematory rg Crematori	umSmithsburg Wa	county state shington Maryland
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR NAME Lior M. Osborne	Williams	sport, MD 2	1795	25a D	AN 1 8 1984	GISTRAR'S SIGNATURE



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				REG. NO			
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
11196	SADIE	MAE	P	PARSONS	1-31-84	1		11:00
SE)	×	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
I	Female	White	Augu	1st 9,1894	89	YRS.	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	ardensville. W	. Va. U. S.			Washingt	ton		M
0. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATE			F BUSINESS OF
Bo	oonsboro	Reeders Mer	morial H	ome	Housewif			Home
30. 5	AL RESIDENCE (IF NURSING HOME STATE 13b. CO aryland Was	UNITY 13r CITY OF		13d. INSIDE CITY LIMITS? YES NO A	13. SIREET ADDRESS REd. 2 B	ox 71	217	58
4. FA	ATHER'S NAME FIRST  Benjamin		nard	IS. MOTHER'S MAIDEN NA	Cat	herine	LAS	Boone
		GIVE WAR OR DATES	24-9179	Mr. Ramon L.	Parsons,		la Lan	
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON	168 m	the gasts	ndiel	400		
TION	Conditions, If ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  T CONDITIONS CONTRIBUTION	NSEQUENCE OF	The Jan				
TIFICATION	Conditions, If any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	NSEQUENCE OF	The Jan	INAL DISEASE OR CONI  20a AUTOPSY?  YES NO	20b. IF YES,	WERE FINDIN	IGS USED
MICAL CERTIFICATION	Conditions, If ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  T CONDITIONS CONTRIBUTION  196 CONDITION FOR V  DEATH HOUR A.M. MONT P.M.	NSEQUENCE OF	ON WAS PERFORMED  21c. HOW INJURY OCCURI	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, If ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  T CONDITIONS CONTRIBUTION  196 CONDITION FOR V  DEATH  HOUR A.M. MONT	NSEQUENCE OF NG TO DEATH BL WHICH OPERATION TH DAY YEAR 19	ON WAS PERFORMED  21c. HOW INJURY OCCURI	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH?
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
John H. Bast, Jr.

Boonsboro, Md. 21713

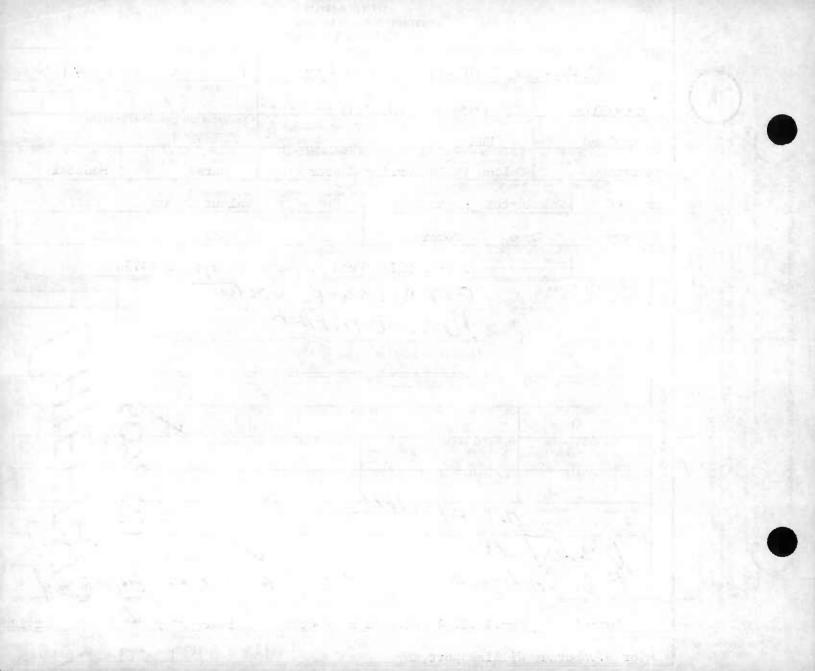
FEB 3 1984 John S. Registrar's SIGNATURE

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	1.	FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. NO.	2913
(M)		CEASED NAME FIRST CORPRINT SEULO FI	A RACE White	5. DATE OF THE D		20 DATE OF DEATH MONTH  6 AGE (IN YEARS LAST BIRTHDAY)  83  YRS.	DAY YEAR 26 HOUR 25-2-84 5 MIN.  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
and arthur 72	10. C	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland ITY OR TOWN OF DEATH Liamsport	76 CITIZEN OF WHAT COUNTRY  U.S.A  11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE  Williams port	MARRIE WIDOWI NG HOME (	OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNT Washingtor 12a USUAL OCCUPATION (TYPE OF WORKING FOR MOST OF WORKING I HOUSEWIfe	MD.
ond 2 should be formation	130 5	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORM NTY 134. CITY OR TOV Chewsv:	ille	13d INSIDE CITY LIMITS? YES XX NO  15 MOTHER'S MAIDEN NAM FRESTORE!		21721 Michael
Page T		VAS DECEASED EVER IN U.S. AF		URITY NO.	17 INFORMANT	ADDRESS L. Myers Smiths	sburg, Md.
ns igned by the offendin Then please remove corb In to buriol, cremotion, or injury, or other troumotic	NOI	Conditions, if ony, which gove rise to immediate couse to, stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b) OF AS A CONSEQUE  (c) CONDITIONS CONTRIBUTING TO	DENCE OF	(	yndrome Inal Disease or condition Gi	
ofe hos beensit ygiene prior shows ony	CERTIFICATION	19g DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING [	196 CONDITION FOR WHICH	H OPERATIO		IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
olth and Mental Hy marked or Item 18 s	MEDICAL C	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  21d. IN JURY OCCURRED  WHILE AT WORK AT WORK AT WORK	AID .	AY YEAR 19	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
toched for us		220.1 certify that (1) (this hasp sow the deceased alive or	ital) attended the deceased from, 12-22- bit view the body after death.	73, 01	nd that in (my) (our) opinion d DEGREE ATTENDING	mEDICAL STAFF	, that (1) (we) last ur and from the causes stated 22c. DATE SIGNED
should be with the Si	23e f	John R. Me	elnick		PHYSICIAN 1220 ADDRESS 16220 Freder		ersburg, MD 2076
16 50M 1/81 RA 15, 4)	24. Ft	Daws Funeral	Tome Smithsbur	g,Md.	- 250 PA	REOD 1987 IST 25 REGIS	Q. Construe

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8	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH		G EG. NO.	2 9 1	2
100		CEASED NAME	FIRST		**Roger	•	AST	20 DATE OF DE	ATH MONTH D		HOUR
4 43	(TYPE	OR PRINT)	orm		R	Que	lland		Jan 20	0, 1984 3	40 AM
E 23	3. SE)		1	4 RACE		5. DATE	21 011(711	& AGE (IN YEARS	LAST BIRTHDAY)		JNDER 24 HRS
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1 12/	7a. BI	RTHPLACE (STATE OR FO	DREIGN I	b. CITIZEN OF		JTRY? 8	D X NEVER MARRIED		CITY OR COUNTY	OF DEATH	
TE BOU		nn.		US	Α	WIDOW		¦∣ Was	hington		MD.
# A # E		TY OR TOWN OF DEAT	тн	11. NAME OF	HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCC	UPATION MOST OF WORKING LIFE	12b. KIND OF BU	JSINESS OR
_ 0 . 6 6/1/	На	gerstown	- 1			County	lospital	self-em			Servic
212 A in I	USUA	AL RESIDENCE (IF NURSIF	NG HOME OR O	OTHER INSTITUTION	130. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?		RESS / ZIP CODE		
ND 24				ington		msport	YES NO		eynolds F		2179
within within d 2 sho		THER'S NAME	1	AIDDLE	LAS	1	15. MOTHER'S MAIDEN	VAME	DDLE	1057	
MAR v Pale		Clarence		NODE	Oi.	uelland	Ida	M	DOLE	Ande	erson
ORE, M.  recuted  nd comp gest 1 pr		VAS DECEASED EVER I	N U.S. ARA			SECURITY NO.	17 INFORMANT		ADDRESS		
MORE, e execu n and g Pages medical	(1	YES, NO OR UNKNOWN)	W.W	WAR OR DATES)	459-34	4-6497	Mrs. Ethe	I L. Quell	and, Will	iamsport	, Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHTSICLAN, The secured within 24 hours cantending physician and completely filled in by the attending physician and completely filled in by at the burial-transit permit. Then pleate remove colonipopers. Pages 1 and 2 should be filled in by an the burial-transit permit. Then pleate remove colonipopers. Pages 1 and 2 should be filled in by an attendance permit in the medical completely filled in by an attendance permit in the medical completely filled in by an attendance permit in the medical completely at a three fragilities.	NO	Conditions, if ony, gove rise to imm cause (a), stoting underlying cause	which ediate a the last.	DUE TO, O    DUE TO, O    DUE TO, O    (c)    ONDITIONS C	OR AS A CONS	SEQUENCE OF  SEQUENCE OF  G TO DEATH BUT  Pulmo	nteroreptal  NOT RELATED TO THE TE  navy Dise	RMINAL DISEASE OF	CONDITION GIVE		urj.
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O HOSPITO FUNE shelld be with the 54		Charles	Po	Spence	cer		1000	nly Ave		Prstown	Ml.
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DHMH - 16 50M 4/83		JNERAL DIRECTOM						A TOO A	STRAP 256 REGIST	R'S CONATURE	1
(VRA 15, 4)	41	5 E. Wilson	Blv	d., Ha	gersto	wn, Md	21740 IA	N 241984	0	,	

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Sav. 9 - /		EASED NAME OR PRINT	Wille	in H	WIDDLE		Ro	ese		1	OF EST	WN MG	I IZ	YEAR 1984	2b. H
PA PER	3. SEX	le	RACE White	S. DATE OF BIRTH	1 903 <sup>xear</sup>	6 AGE (IN YEAR	MONTHS	DER 1 YR.	HOURS		DATE DOUNCED DEAD	MÖ	I /Z	YEAR 19 PY	2d >
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PAGE 5	Ha	Y OR TOWN C	wn.		gton C	county 1	Hospi	r instituti tal	ION		OCCUPATION OF WORKING LESTICA	ON (TYPE OF W	V	IND OF BU OR INDUST Ctric	RY
AND 3 TRETAIN POUR DE RECORD R		RESIDENCE (		hington	13 CITY Hag	E BEFORE ADMISSION OR TOWN	n ואכ	130. INSIDE CIT	Y LIMITS?	13e STREET	SOPRESS.	Potom	ac St	. 21	74
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5, 201 W. PRESTON ST., CUTED WITHIN 24 HOUI "IN PENCIL IN ITEM 1B. L EXAMINER ALONG W. RIAL-TRANSIT PERMIT. VID MENT TO REMIT. VID MENT TO REMOVAL.	>	Condition: gove rise couse (o): lying cous	IMMED IMMED IMMED IMMED IMMED IMMED IMMED IMMEDITED IMME	IATE CAUSE (o)  Che Ote	GRASA CON Sep. Skin	NSEQUENCE OF SISS (NSEQUENCE OF SISS)	03	thmi	nd	inte	()47 (1)6	7		eek	E INTE
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DIVISION OF VITAL RECORDS, 201 W.  1 THIS CERTIFICATE SHOULD BE EXECUTED W.  15. WRITING THE WORD "ENDING" IN PEN SWARDED TO THE CHIEF MEDICAL EXAMIL PAGE 3 SHOULD BE USED AS A BURAL "R STATE DEPARTMENT OF HEALTH AND MENT, 21201 PROFER OF BURAL CREMATION, OR	MEDICAL CERTIFICATION	PART I DEA  Condition: gove rise couse (a): lying cous  19a. DATE OF (2)  21a. EXTERNAL  UNDERLYING CONTRIBUTIN 21d. INJURY O  WHILE AT WORK	CAUSE WAS OR GEOCHURED NOT WHILE AT WORK	DUE TO, O  Ch  Ch  Ch  Ch  Ch  Ch  Ch  Ch  Ch  C	H BUT NOT RELIA	ATEO TO THE TERMINA  ATEO TO THE TERMINA  WHICH OPERA  DAY YEAR  CATHOME.  (AT HOME.	INAL DISEASE OF CALL OF WAR	OR CONDITION  HOW INJURY OF PLANT OF THE PLA	OCCURRENT  OCCURRENT  Inspection  de	ence Out	RE OF INJURY IN  WIRE OF INJURY IN  WORTOWN  TY OR TOWN  Inquiry   ined manner	Hago.	2/3) 20 CR PART 2) CC	Reng Faill AUTOPSY YES	T AND
DIVISION OF VITAL RECORDS, 201 W.  1 THIS CERTIFICATE SHOULD BE EXECUTED W.  15. WRITING THE WORD "ENDING" IN PEN SWARDED TO THE CHIEF MEDICAL EXAMIL PAGE 3 SHOULD BE USED AS A BURAL "R STATE DEPARTMENT OF HEALTH AND MENT, 21201 PROFER OF BURAL CREMATION, OR	MEDICAL CERTIFICATION	PART I DEA  Condition: gove rise couse (a): lying cous  19a. DATE OF (2)  21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK	CAUSE WAS OR GEOCHURED NOT WHILE AT WORK	DE DEATH  DIATE CAUSE (0)  DUE TO, O  (c)  (c)  19b. CONE  21b. TIME CHOUR A.  DE DEATH  DE DE DE DEATH  DE DE DE DEATH  DE DE DE DEATH  DE DE DE DE DEATH  DE D	OR AS A CONSTRUCTION FOR AS A CONSTRUCTION F	ATEO TO THE TERMINA  ATEO TO THE TERMINA  WHICH OPERA  DAY YEAR  CATHOME.  (AT HOME.	INAL DISEASE OF ATION WAS AUTOPSY	OR CONDITION  THE SET OF SET O	OCCURRENT  OCCURRENT  Inspection  de	ence Out Out Undeterm	W/E	Hazo.	ORPART 2)  CO  GOUNTA  GOUNTA	Reng Faill AUTOPSY YES	T AND
DIVISION OF VITAL RECORDS, 201 W.  THIS CERTIFICATE SHOULD BE EXECUTED W.  WARDED TO THE CHIEF MEDICAL EXAMIT  PAGE 3 SHOULD BE USED AS A BURAL-TR  STATE DEPARTMENT OF HEALTH AND MENT  21201 PROBJOSHMAL	WEDICAL MEDICAL	PART I DEA  Condition: gove rise couse (a): lying cous  PART 2 OTHER SIG  21a EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK  22a   certify death resulte  ACTUAL SIGNATURE  EXAMINER'S N (TYPE OR PRIN	INTH WAS CAUSE  INTH WAS CAUSE  INTH WAS CAUSE  INTH WAS CAUSE  OF CAUSE WAS  OF CAUSE OF CAU	DEFINATION OF DEATH  DISCONTRIBUTING TO DEATH  21b. TIME CONCE  21c. TIME	H BUT NOT RELA  OF INJURY  M. MONTH  M. ACCIDENT  COST INJURY  COST IN	ATEO TO THE TERMINA  ATEO TO THE TERMINA  WHICH OPERA  DAY YEAR  CATHOME.  (AT HOME.	NAL OISEASE (ACCOUNTS)  PLACE ATTON WA  211. LOC S11  Autopsy cide  A. A	OR CONDITION  HAVE AS PERFORM  WINJURY CO  ACTION  REET  HOMICIA  TITLE (SP  ADDRESS	POY Inspection de	Undeterm LAMEDICA 1734 LOCA	TION	Hazo.	OR PART 2)  COUNTY  COUNTY  ATE  CREATE  COUNTY  COUNT	Reput Reput Paille AUTOPSY YES -	S N

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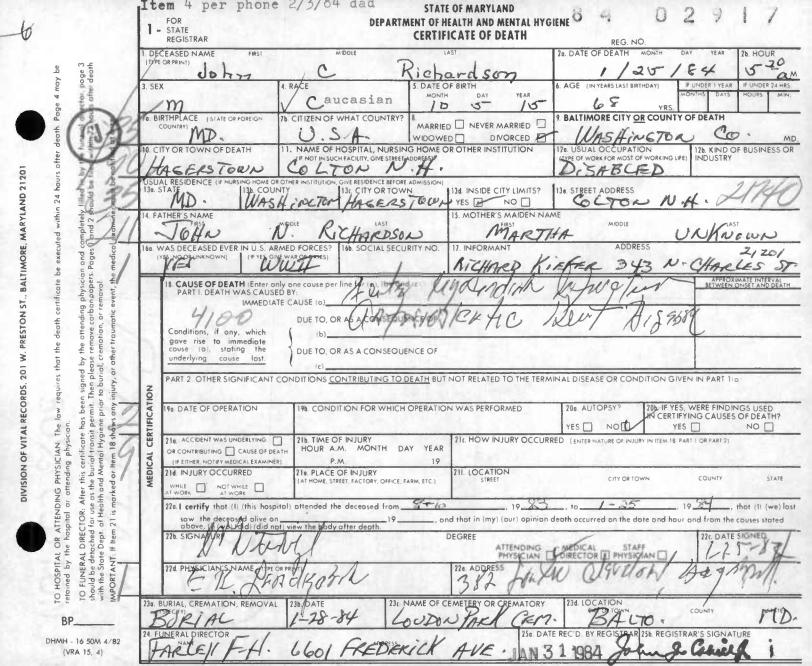
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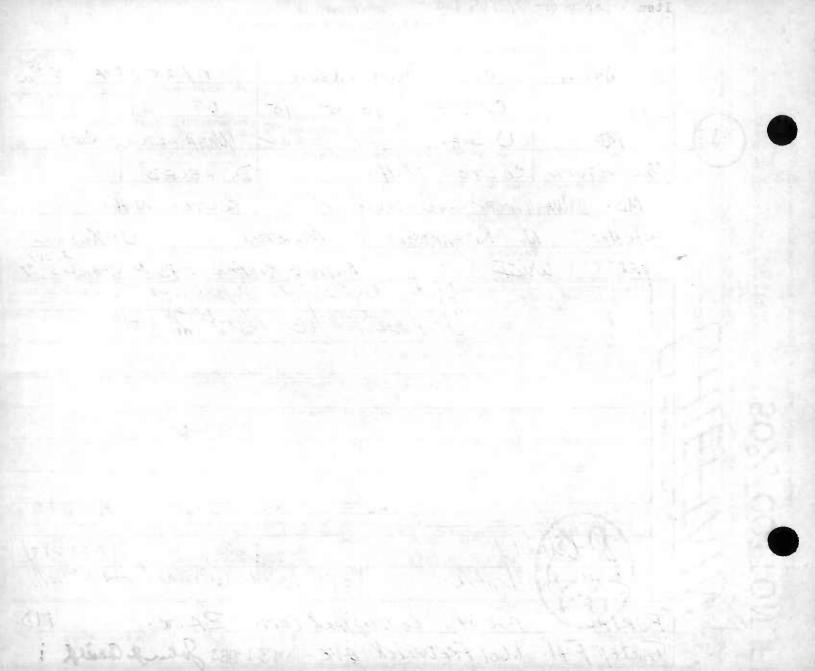
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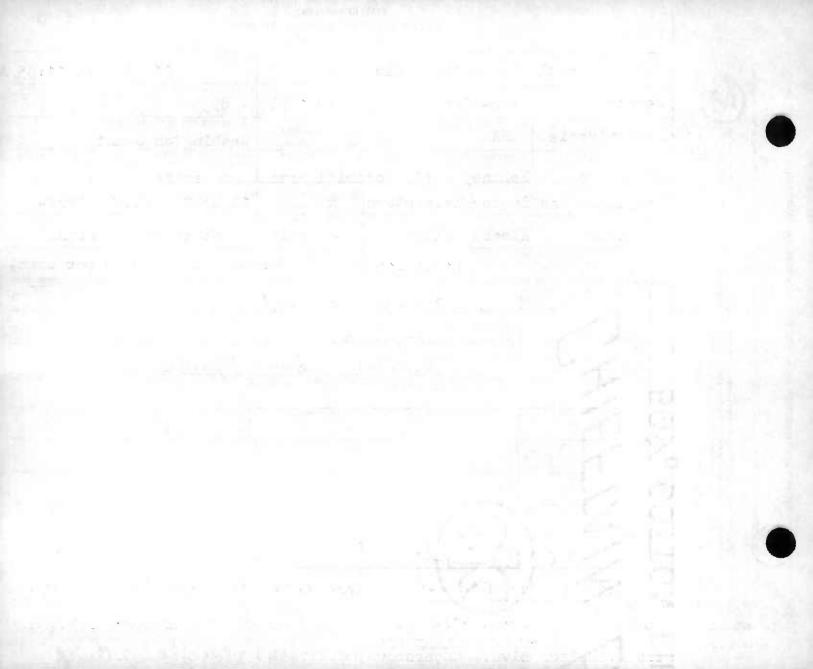
415 E. Wilson Blvd., Hagerstown, Md. 21740 N

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



Actual Lynning and the last warmer of the second

yels bec. h. tooy offer and a second particular and Lerets cown secretary . Retired 1. Jul. Jul. 1 Henry A. Folence | Long J. Carlins | 236 Th cold have have not a succession. N. Two. TANDERS TANDED BY THE STATE OF Burles and the large description of the control of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME MONTH (TYPE OR PRINT) John Everhart ROGERS 17/84 4 RACE 3 SEX 6 AGE LIN YEARS LAST BIRTHDAY 5 DATE OF BIRTH MALE WHITE To BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED NIDOWED DIVORCED Orando, Va. U.S.A. WASHINGTON COUNTY IC CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Aircraft (TYPE OF WORK FOR MOST OF WORKING LIFE) Honewood Retirement Center Williamsport 21740 Hagerstown 325 Elizabeth Ave. 13d. INSIDE CITY LIMITS? Maryland wash. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Andrew Jackson Rogers Bertie "Emswiler" ADDRESS Hagerstown, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT 213-16-0138 Betty J. Bachtell/107 Cypress St. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY-MMEDIATE CAUSE (D Conditions, if any, which gove rise to immediate couse to , stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a. DATE OF OPERATION 200 AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME. STREET FACTORY, OFFICE, FARM ETC.) CITY OF TOWN STATE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from sow the deceased plive on. and that in (my)(our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE 77L DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS BURTAL Rest Haven Cemetery Hagerstown, Wash. Md. 24 FUNERAL DIRECT Haven Funeral Chapel DHMH - 16 50M 1/B1 1601 Pennsylvania Ave. Hagerstown, Md. (VRA 15, 4)

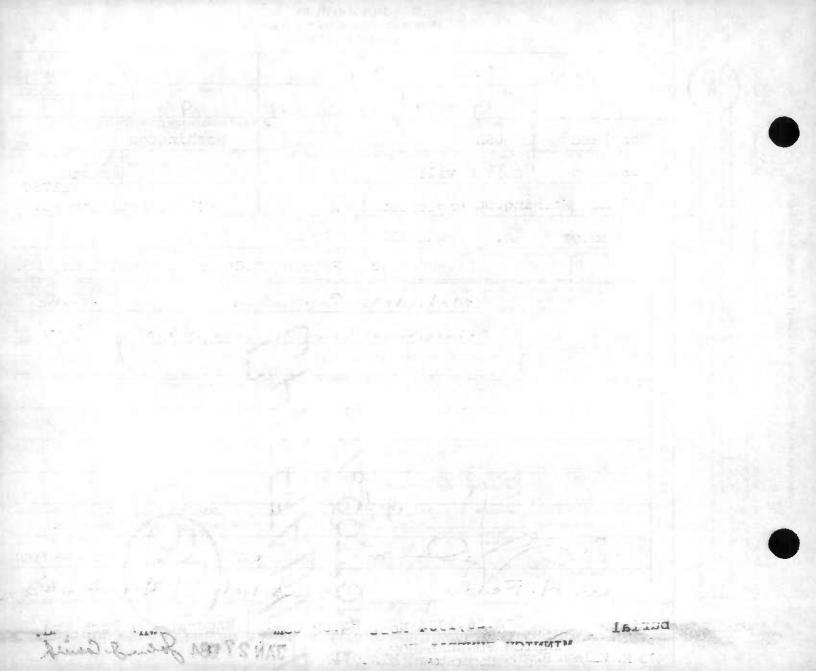
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(VRA 15, 4)

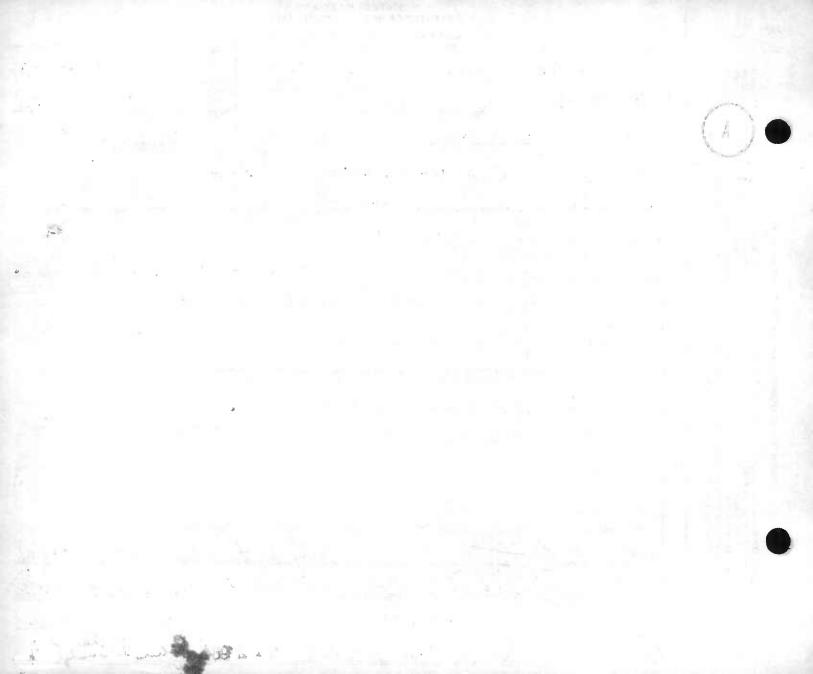
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH WASHINGTON CO. 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR AT HOME 130 1801 WOODBURN DR. #21740 UNKNOWN MRS.PEARLACRUSEN 1801 WOODBURN DR. HAGERSTOWN, MD 21740 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) CITY OF TOWN STATE and that in (my) (aur) apinion death occurred on the date and hour and fam the causes stated STATE ROSEDALE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21215 BALTO., MD 6010 REISTERSTOWN RD.



Item 4 per		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		2 9 2 3
nay be		CEASED NAME FIRST OR PRINT) ANITA	Ruth	Rudisill Is, date of Birth	1-26	4-94 10:39 M
ge 4 m		F	Caucasion	MONTH DAY YEAR 14	9. BALTIMORE CITY OR COUNTY	ONTHS DAYS HOURS MIN.
nerol na 72		RTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED MIDOWED DIVORCED	Washington	MD.
rs ofter d by the fu filed with	На	ry or town of DEATH	Colton Villa		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	state
ND 21;	F13a 3	at RESIDENCE (IF NURSING HOME OF STATE 136 COURT Wash	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NITY OR TOWN Hagers	town   13d inside city limits?		21740 tietam St.
E, MARYLA completely f	14. F/	THER'S NAME George	A. Rudis	ill Lydia	M.	LAST
MORE, n and ca Pages 1		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 214-09-		McCardell, Hage	erstown, Md.
ST.,		1890 IMMEDIA	DUE TO OR AS A CONSEQUE	HAME STANK	44.44	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the best and by the please runial, cre	7	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU			N IN PART Ito
he low repond.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
DN OF VITA  IYSICIAN: The ding physician is certificate burial-transit Mental Hygis and them 18 shall be an item 18 shall be a	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I ORPART 2)
DIVISION DING PHYS or attendir After this ce as the bu olith and Am marked or I	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
TENDI tal or OR: A or use f Heal		saw the deceased alive ar	ital) attended the deceased fram		death accurred an the date and haur	and from the causes stated
TAL OR AT.  by the hosp  y the hosp  detached if  detached fit  tote Dept. a  NT: if Item 2		226 SIGNATURE	10		MEDICAL STAFF DIRECTOR   PHYSICIAN	25Jon 1984
TO HOSPITAL of retained by the TO FUNERAL Eshauld be detained by the State Elements of the State Elements of the State Elements.		22d. PHYSICIAN'S NAME (TYPE)	. Felde	136 E. An	tietam St. Had	gestown MDzn
BP	bu	BURIAL, CREMATION, REMOVAL (SPECIFY) LTIAL	Jan.26,1984	Name of CEMETERY OR CREMATORY  Rest Haven Cem	23d LOCATION Hagerstown	Wash Md
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	UNERAL DIRECTOR MINN NAME 15 E. Wilson Bl	IICH FUNERAL H	OME 21740 JA	REGISTRAL REGISTRAL REGISTRAL	RAR'S SIC VATURE



1		STATE OF MARYLAND	2 3 2 4
1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	la la
1 0	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	/
	PECEASED NAME  YPE OR PRINT)  Leslie	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
3 S		5. DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   2c. DATE	7 19 84 7 gm
Y	halp white	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	1 - 01-20
70.	BIRTHPLACE (STATE OR 7	76. CITIZEN OF WHAT COUNTRY?	COUNTY OF DEATH
	FOREIGN COUNTRY)	MARRIED LI NEVER MARRIED LI	1 2 14
0.	est Virginia CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE O	DE WORK 12b. KIND OF BUSINESS
T	agerstown	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FOR MOST OF WORKING LIFE)	OR INDUSTRY
Si	JAL RESIDENCE (IF IN NURSING JOME OR	Washington County Hospital Laborer OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Construction
	STATE PRODUNTY STATE Virginia MC		77777
	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
5	Walter	H. Ruppenthal Mary	Prather
160.	WAS DECEASED EVER IN U.S. ARME		30x 182
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WA	214 10 4781 Bernard L. Ruppenthal Warfo	
-		ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED I	BY: East a land	BETWEEN ONSET AND DEATH
7	9019	( DUE TO, OR AS A CONSEQUENCE OF	
	Canditians, if any, which gave rise to immediate	(b)	
	cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	Tyling coose lost.	(c)	
		NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION			
CAI	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
RTIF			YES NO
		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)
MEDICAL	CONTRIBUTING CAUSE OF DE		
MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
-	WHILE NOT WHILE AT WORK		
	220. I certify that I taak charge	of the remains described above, held an Autopsy , Inspection , Inquiry , and	in my apinian
	death resulted fram: Natural	causes Accident Suicide Hamicide Undetermined manner	
		TITLE (SPECIFY)	1.10
	ACTUAL SIGNATURE 4	M.D. Poty Ats amedical examiner	DATE SIGNED 8/69
· Carrie	EXAMINER'S NAME	We with my wood will A.	11 11
	(TYPE OR PRINT)	162 DIM TOP ADDRESS 610 Oak 1491 The, M	ZIOS Xoun MI)
23 a.	(SPECIFY)	DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN	COUNTY STATE
_		/10/1984 Friendship Berkeley Spring	
74.	FUNERA DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 126 DECIST	RAR'S SIGNATURE
	Milling)	Show MANCOCK MU UNIT - 4 BUT	-0



	REGISTRAR	4.4	MEDICAL EXAMI	NER'S CERTIFIC	CATE OF DE	ATH REG. NO.	
	ECEASED NAME (PE OR PRINT)	harles	Michael	Rutherfor	rd .	20. DATE KNOWN X MORE ESTI-	1/4/84 19
-	ale Whit	te May 17	, 1976 7		IF UNDER 24 HRS	PRONOUNCED DEAD 1/	4/84 19 I
Di	BIRTHPLACE (STATE OR OREIGN COUNTRY) West Virgini	a t	JSA	WIDOWED	VER MARRIED X	Washington	County
1	Hagerstown	(IF NOT IN SUC Wash	HOSPITAL, NURSING HOA HEACILITY, GIVE STREET ADDRESS nington Coun	ty Hospital	FO	SUAL OCCUPATION (TYPE OF R MOST OF WORKING LIFE) Student	WORK 126 KIND OF BUSIN OR INDUSTRY School
13a. S	state Aaryland	ING HOME OR OTHER INSTITUTION 36 COUNTY Washington	N, GIVE RESIDENCE BEFORE ADMIS 13c, CITY OR TOWN KNOXVIL	le YES	NO <b>X</b>	Reet address Route 2, Box	262 2/75
160.	FATHER'S NAME FIRST ROGET WAS DECEASED EVER IN 1/YES, NO, OR UNKNOWN 1	MIDDLE  LEE  NU.S. ARMED FORCES?  IF YES, GIVE WAR OR DATES)	Rutherf	ord		Catherine ADDRESS R	Norris oute 2, Box
S IFICATION	No	(Enter only one cause per	217-88-4 line for (o), (b), and (c).)	1425 Mary	C. Garr	ott - Knoxvil	APPROXIMATE INTE
CATION		ONDITIONS CONTRIBUTING TO DE	OR AS A CONSEQUENCE	RMINAL DISEASE OR CONDITIO			20 AUTOPSY?
AL CERTIFICATION		R HOUR	E OF INJURY A.M. MONTH DAY YE.		Y OCCURRED IENTE	R NATURE OF INJURY IN ITEM 18 PART	YES N
MEDICAL	21d. INJURY OCCURRE WHILE AT WORK AT WO	VHILE TO 21e PLA	P.M. 19 CE OF INJURY (AT HOME, FACTORY, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY
	22a I certify that I to death resulted from:	Natural causes	Accide .	a 1/1/1	specify) istant me	etermined manner .	DATE SIGNED 1/5/84
L	EXAMINER'S NAME (TYPE OR PRINT)	Dennis F.	Smyth, M.D.	ADDRESS_ EMETERY OR CREMAT		St., Balto.,	Md. 21201

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Series Francis Company - descript . Company

(TY	CEASED NAM PE OR PRINT)	_	10	Narcissus	Cohomf	OF ESTI- DEATH MATED 1-	26 1984
3. SE	v	Luci]	. TE IS: DATE OF BIRTH	AGE (IN YEARS ) IF	Scharf UNDER 1 YR. IN UNDER		
Las	male	White	April 22	YEAR LAST BIRTHDAY) MO	ONTHS DAYS HOURS	MIN PRONOUNCED	26 1984 P.
74.	IRTHPLACE (S			VHAT COUNTRYS		9 BALTIMORE CITY OF COUN	
	st Virg	ni min	U.S.A		RRIED ( NEVER MARRI		'oun <del>t</del> u
	ITY OR TOWN			SPITAL NURSING HOME, OR O		1120 USUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS
	T			ACILITY, GIVE STREET ADDRESS)		for most of working life Teacher	School
	Hagerst			orth Potomac St	reet	Teacher	Denoor
	Md.	Was	TY	Hagerstown	13d. INSIDE CITY LIMITS?  YES™X NO □	130 STREET ADDRESS 122 North Potoma	c St. 21740
14. F	ATHER'S NAM	E	MIDDLE	Shultz	15. MOTHER'S MAIDE FIRST Marjorie	MIDDLE P	Van Horn
16a	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
-(	no, or unkno	OWN] (HE YES, GIVE	WAR OR DATES)	233-40-9910	Mr. Justi	in N. Scharf, Hagers	stown, MD
	18 CAUSE C	OF DEATH (Enter on EATH WAS CAUSE	y one cause per lin	ne for (a), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	0		E CAUSE (o)	Hanging			
	100		DUE TO, O	R AS A CONSEQUENCE OF			
-		ins, if ony, which ise to immediate	(b)				
ы	couse (o lying ca	) stoting the under-	DUE TO, O	R AS A CONSEQUENCE OF			
	lying co.	036 1031.	(c)				
MEDICAL CERTIFICATION	PART 2 OTNER 5	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE TERMINAL DISI	EASE OR CONDITION GIVEN IN PA	(RT 1 (a).	
MEDICAL CERTIFICATION	190 DATE OF	FOPERATION	196 COND	OITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
FFC							YESXX NO [
ER	210 EXTERN	AL CAUSE WAS	216 TIME C	DE INJURY 21c.	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR P	
ALC	UNDERLYING	G XIXI OR ING CAUSE OF		M. 1-26 1984 S	subject hung	herself	
DIC	21d. INJURY		2 NC BLACE	OF INJURY (AT HOME, 211.	LOCATION		
M	WHILE	NOT WHILE D		CTORY, FARM, ETC.) Home	122 North Po	otomac St., Hagerstow	ounty state
			-				Co., Md.
	22a I cert	ify that I took charg	e of the remains de		topsy XX, Inspectio		pinian
	death resul	ted fram: Natu	ol causes,	Accident , Suicide		Undetermined manner,	
	ACTUAL		usila (	D. W-00	TITLE (SPECIFY)	DATE	
	SIGNATURE	- UVAC	mor of	Mrc Jum	M.D. Assistan	It MEDICAL EXAMINER SIGN	IED 1-27-84
	EV A MAINIER'S	NAME Marc	arita A.	Korell, M.D.		111 Penn Street	
/	EXAMINEK 2		, 110		ADDRESS		
	(TYPE OR PR	[[41]				The second	
23a. I	(TYPE OR PRI	TION, REMOVAL		23c. NAME OF CEMETERY	Y OR CREMATORY	CITI OK TOWITY	UNIY STATE
1	(TYPE OR PRI	tion, REMOVAL 1	36. DATE Feb. 2, 19		OR CREMATORY Crematory	13d LOCATION CHYORTOWN Smithsburg, Wash REC'D. BY REGISTRAR'S	MD

20M 4/82

STATE OF MARYLAND

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5. DATE OF

Sept

MARRIED

1	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
NK	January 25, 19	84 5:30A M
. 6, 1906	6 AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
□ NEVER MARRIED □ ☑ DIVORCED □	Washington	OF DEATH MD.
OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY OWN Home
3d. INSIDE CITY LIMITS?	Rfd. 1 Box 353	21740
5. MOTHER'S MAIDEN N		
Carry	Belle	Troxell
	R. Way, 39 N. L	Troxell ocust St.
Mrs.Patsy	Belle	Troxell ocust St.
Mrs.Patsy	R. Way, 39 N. L. Hagerst	ocust St.
Mrs.Patsy	R. Way, 39 N. L. Hagerst	ocust St.
Mrs.Patsy  Ecc Fai  Lascler	R. Way, 39 N. L. Hagerst	ocust St.  own yarrowanie interar- Between onset and Death  ummed(
Mrs.Patsy  Ecc Fai  Lascler	Belle  ADDRESS  R. Way, 39 N. L  Hagerst  Line  Chic Hear Des  RMINAL DISEASE OR CONDITION GIVE  200 AUTOPSY? 200 IF YE IN CERTI	ocust St.  own yarrowanie interar- Between onset and Death  ummed(

DEPARTMENT OF HEA CERTIFIC

24. FUNERAL DIRECTOR John H. Bast, Jr.

250 DATE REC'D BY REGISTRAR 256 AFGISTRAR'S

23d LOCATION

CITY OR TOWN

(my) (aur) apinion death occurred on the date and hour and from the causes stated

STAFF

PHYSICIAN

Hagerstown, Wash. Co., Md.

22c DATE SIGNED

COUNTY

23a. BURIAL, CREMATION, REMOVAL Burial

CERTIFICATION

FOR

REGISTRAR

FIRST

Edith

4. RACE

Washington

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b)

IMMEDIATE CAUSE (0

22a I certify that (I) (this hospital) attended the deceased from

obove, (J) (we) (did) (did not) yew the body ofter death

23b. DATE

1-28-84

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

White

Rfd.

U. S. A.

NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Mae

7b. CITIZEN OF WHAT COUNTRY?

11. NAME OF HOSPITAL, NURSING HOME OR I Box 353

> CITY OR TOWN Hagerstown

> > Bowers

218-

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

196. CONDITION FOR WHICH OPERATION

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

166 SOCIAL SECURITY NO.

34- 3537

19

Janio

and that is

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

22e ADDRESS

STREET

ATTENDING

PHYSICIAN

1. DECEASED NAME

Female

TO BIRTHPLACE I STATE OF FOREIGN

CITY OR TOWN OF DEATH

Hagerstown

Maryland 14 FATHER'S NAME

Black Rock, Md.

Alexander

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate couse (o), stating the

underlying couse lost.

190 DATE OF OPERATION

21d INJURY OCCURRED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

- STATE

(TYPE OR PRINT)

3. SEX

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

MPORTANT

Boonsboro, Md. 21713

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in sent title	and the same			
				4-9
			Thornal	7.42
	TALL DESCRIPTION	Managara Trip	20 1115-1	£12.5

John A. eses, Jr. Joursborg, No. 8 273

	1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 2.	5 600
		CEASED NAME FIRST OR PRINT)  Jessie	Mav	Shar	ast as	Jan 21	1984	7.45
17	3. SE)		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER	
	Fe	male	White	Oct	5 1903	80	YRS.	DAYS HOURS MIN.
10	70. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	9		9. BALTIMORE CITY OR		тн
24		ountry	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	Washingto	n Count	V MI
1	0. CI	ry OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 34 S. Locust	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Homemaker	N 12b. K	IND OF BUSINESS OF
13	Na Ma	RESIDENCE (IF NURSING HOME OF TATE 13b. COUN Rryland Wash	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO []	34 S. Loc		21/101
The state of the s	14. FA	Joseph	Wibberle	У	IS MOTHER'S MAIDEN NAME FIRST	WIDDLE		lsine
e medicol		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV NO	E WAR OR DATES)		Mary J. Fe	igley Same	as #13	
event, the		PART I. DEATH WAS CAUSE	ly one couse per line for (0), (b), on DBY: ECAUSE (0) Acute n		rdial infarc	ction		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
oumaric		Conditions, if ony, which	Due to, or as a conseque	ENCE OF.	heart disea	se	12	-5-83
or other tr		gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF				
injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDI	TION GIVEN IN PA	ART 110
ows only	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH? NO [
Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPA	NRF 2)
rked or	MEDICAL	WHILE OF WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	N COUP	NTY STATE
21 is mo			tol) ottended the deceosed from		nd that in (my) (our) opinion	death occurred on the date	, 19 e ond hour ond fro	
IT: If hem	Ē	226 Significantly	145		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		23/84
IMPORTANT		E.R. LARDIZA		1	382 S. Cleu	eland Ave	. Hages	stown.
≥	23e. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial			emetery or crematory aven Cemete	23d LOCATION CHYOR TOWN TV Hagerst	own Was	h. Md.
1/B2		INERAL DIRECTOR	305 N. Pot	omac	St. 25a. DAT	E REC'D, BY REGISTRARY		NATURE

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

Md.

APPROXIMATE INTERVAL

NO [

STATE

84

YES [

COUNTY

22c. DATE SIGNED

IF UNDER 1 YEAR

MONTHS DAYS

INDUSTRY

Home

Lizer

20

BP DHMH - 16 50M 4/B2 (VRA 15, 4)

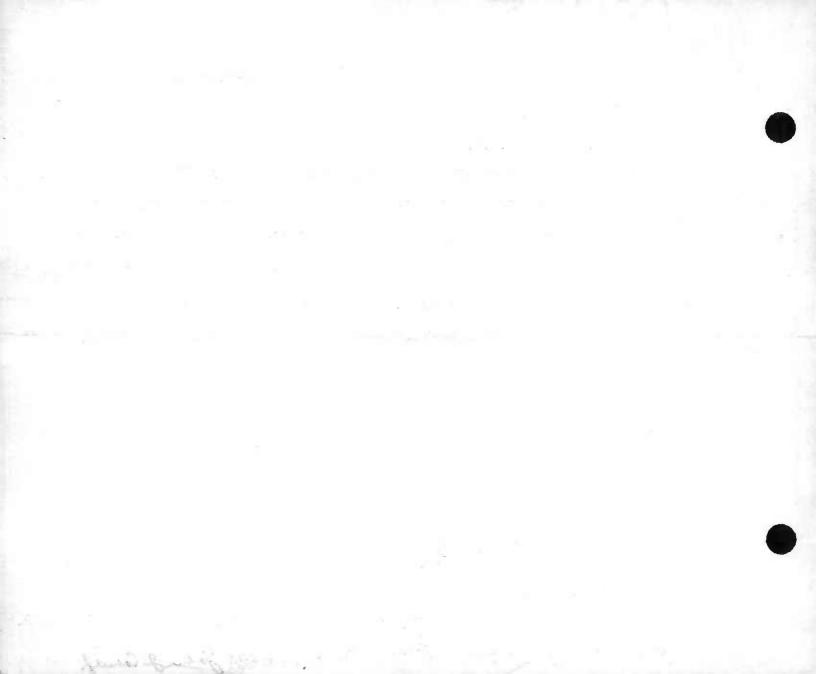
24. FUNERAL DIRECTOR

FOR

- STATE

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STATE OF MARYLAND



(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO Sara 2n DATE OF DEATH I. DECEASED NAME Price Thomas (TYPE OR PRINT) SARA & AGE /IN YEARS LAST BIRTHDAYS IF LINDER 24 MRS 4 RACE IF UNDER 1 YEAR 3 SEX HOURS Female 1885 White 18 July death. Page BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Washington County Penna. U.S.A. WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fahrney-Keedy Memorial Home Boonsboro Housewife USUAL RESIDENCE (IF NURSING I DAE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) U. COUNTY 130 STATE 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Penna. Franklin 202 W. North St Waynesboro YES X NO 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST FIRST Joseph Gipe Price Lucy Ann Waynesboro, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES 193-38-1338 Mr. Francis Price 123 W. Main St. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Carelins Icral, Conditions, if ony, which gove rise to immediate DUE TO, OR AS A GONSEQUENCE OF LETT'S CONDINOSCE DAGE couse (o), stoting the underlying couse lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I YES 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER) P.M 19 2 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from\_ sow the deceosed alive on\_ \_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF FUNERAL old be dete DIRECTOR PHYSICIAN PHYSICIAN MPORTANT. 22e ADDRESS 224. PHYSICIAN'S NAME ITYPE OR PRINTS OAKHIC NR. HAG, MD 21740 should LI AMEED WO 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 1/12/1984 Burial Price's Church Cem. Waynesboro Franklin Penna. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Wayne sboro. Penna (VRA 15, 4)

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AND THE STREET, SECURED THE

	1. DE	REGISTRAR CEASED NAME	FIRST	WIDDLE		LAST	REG. NO  20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
p 43	(TYF	GC GC PRINT)	old	MYERS	TOWN	SEND		19-	84	4:45
10	3. SE	X	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24
TX.		emal e	white		~1	1-12~1895	88 -87	YRS.		
XX	70. B	IRTHPLACE (STATE OR COUNTRY)  Md	USA		WIDOW		Washing	ton	OF DEATH	
192	7	ity or town of DE	(IF NOT IN	OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET NWOOD NUR	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF Teal est	F WORKING LIFE)	126. KIND O INDUSTRY Land	F BUSINES
Old be to	ÚŚL		SING HOME OR OTHER INSTITUTE TO THE COUNTY Carroll		E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Ancho	r St.	21	157
A Carly	HLE	ATHER'S NAME	MIDDLE	LASI		15. MOTHER'S MAIDEN NA	WE		LAS	ī
8000 C	11An	William WAS DECEASED EVEN	F.	Myer s? 1166 SOCIAL SECU		Rebbeco	ADDRE	SS.	Banke	rt
Poge medica		(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE			Charolett	Bentz	Hagers	stown,	Md
the attendin remove carb remotion, or her traumatic	1	Canditians, if any gave rise to im cause (a), stati	mediate	O, OR AS A CONSEQUE	ENCE OF	otic Heart	6-0.			TR
been signed by rmit. Then please prior to burial, cr	ICATION	gave rise to im cause (a), stati underlying caus	mediate ng the e last  NIFICANT CONDITION:	O, OR AS A CONSEQUE	DEATH BUT	T NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, V	WERE FINDING CAUSES	IGS USED
has been signed by the permit. Then please ene prior to burial, or aws any injury, ar ath	RTIFICATION	gave rise to im cause (a), stati underlying caus  PART 2. OTHER SIG	mediate ng the lost (c)  NIFICANT CONDITION:  VION 196. CO	S CONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE TERM	ZOO AUTOPSY?	20b. IF YES, VIN CERTIFYI	WERE FINDINING CAUSES	IGS USED
cate has been signed by consit permit. Then please Hygiene prior to burial, cr. 8 shows any injury, or oth	CAL CERTIFICATION	gave rise to im cause (a), state underlying caus PART 2. OTHER SIG	mediate ng the e lost  NIFICANT CONDITION:  ATION  19b. CO  IDERLYING  CAUSE OF DEATH  DUE TO (c)  17b. TIM HOUR	O, OR AS A CONSEQUE	DEATH BUT	T NOT RELATED TO THE TERM	ZOO AUTOPSY?	20b. IF YES, VIN CERTIFYI	WERE FINDINING CAUSES	GS USED OF DEATH
his certificate has been signed by burial-transit permit. Then please 3 Mental Hygiene priar to burial, cr or them 18 shaws any injury, or oth	MEDICAL CERTIFICATION	gove rise to im couse (a), stati underlying cous  PART 2. OTHER SIG  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING   (IF EITHER, NOTIFY MED  21d, INJURY OCCUR	mediate ng the lost   DUE TC	O, OR AS A CONSEQUE  S CONTRIBUTING TO I  INDITION FOR WHICH  AE OF INJURY  A.M. MONTH D.	DEATH BUT OPERATION AY YEAR	T NOT RELATED TO THE TERM	ZOO AUTOPSY?	20b. IF YES, VIN CERTIFYI YES	WERE FINDINING CAUSES	NGS USED OF DEATH NO
After this certificate has been signed by se as the buriol-transit permit. Then please collib and Mental Hygiene prior to buriol, cr marked or tem 18 shows any injury, or oth	.0	gave rise to im cause (a), stati underlying caus  PART 2. OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING  21d. INJURY OCCUE  21d. INJURY OCCUE  21d. INJURY OCCUE  22a. I certify that (I saw the deser	mediate ng the lost   DUE TC	O, OR AS A CONSEQUE  S CONTRIBUTING TO I  INDITION FOR WHICH  AE OF INJURY  A.M. MONTH D.  P.M.  CE OF INJURY  E. STREET, FACTORY, OFFICE, F	DEATH BUT  OPERATIO  AY YEAR  19  FARM. ETC.)	T NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 19	ZOO AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	20b IF YES, IN CERTIFYI YES EN THE TEN	WERE FINDING CAUSES  TI OR PART 2)  COUNTY	NGS USED OF DEATH NO  sta
E haspital or attending physician.  JRECTOR: After this certificate has been signed by after for use as the burial-transit permit. Then please bept. of Health and Mental Hygiene prior to burial, to them 21 is marked or them 18 shows any injury, or other them 18 shows any injury.	.0	gove rise to im couse (a), stati underlying couse (a).  PART 2. OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED  21d. INJURY OCCUR  WHILE AT WORK (IF A) NOT WAT WORK (IF A) A COUNTY  22a. I certify that (If sow the descendance, (I) fire)  22b. SIGNATURE	mediate ng the e lost  (c)  INIFICANT CONDITION:  ATION  19b. CO  IDERLYING   21b. TIM HOUR HICALEXAMINER)  RED   21a PLA (AT HOM  INITIALEXAMINER)  (AT HOM  INITIALEXAMINER)  (Ithis haspital) attended  and did (did qat) view the b	O, OR AS A CONSEQUE  S CONTRIBUTING TO I  INDITION FOR WHICH  AE OF INJURY  A.M. MONTH D.  P.M.  CE OF INJURY  E. STREET, FACTORY, OFFICE, F	DEATH BUT  OPERATIO  AY YEAR  19  FARM. ETC.)	T NOT RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET  and that in (my) (aur) apinion  DEGREE  ATTENDING PHYSICIAN [	ZOO AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	WERE FINDING CAUSES  TI OR PART 2)  COUNTY  and from the	STA
haspital ar attending physician.  IRECTOR: After this certificate has been signed by thed for use as the burial-transit permit. Then please tept. at Health and Mental Hygiene prior to burial, critem 21 is marked or tem 18 shows any injury, or orthern 21 is marked or tem 18 shows any injury, or orthern 21 is marked or tem 18 shows any injury, or orthern 18 shows any injury, or ort	.0	gave rise to im cause (a), stati underlying caus  PART 2. OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING  21d. INJURY OCCUE  21d. INJURY OCCUE  21d. INJURY OCCUE  22a. I certify that (I saw the deser	mediate ng the e lost (c)  NIFICANT CONDITION:  ATION 196. CO  IDERLYING 196. CO  IDERLYING 176. TIME (CAUSE OF DEATH HOUR AT HOME)  RRED 215 PLA  INTELE (CAUSE OF DEATH HOUR AT HOME)  RRED 215 PLA  INTELE (CAUSE OF DEATH HOUR AT HOME)  RRED 215 PLA  INTELE (CAUSE OF DEATH HOUR AT HOME)  RRED 216 PLA  INTELE (CAUSE OF DEATH HOME)  RRED 216 PLA  INTELE (CAUSE OF DEATH HOME)  RAME (TYPE OR LITTLE OF DEATH HOME)	O, OR AS A CONSEQUE  S CONTRIBUTING TO I  INDITION FOR WHICH  AE OF INJURY  A.M. MONTH D.  P.M.  CE OF INJURY  E. STREET, FACTORY, OFFICE, F	DEATH BUT  OPERATIO  AY YEAR  19  FARM. EIC)	T NOT RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET  and that in (my) (aur) apinian  DEGREE  ATTENDING	Z00 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred an the do	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	STA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages, I and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

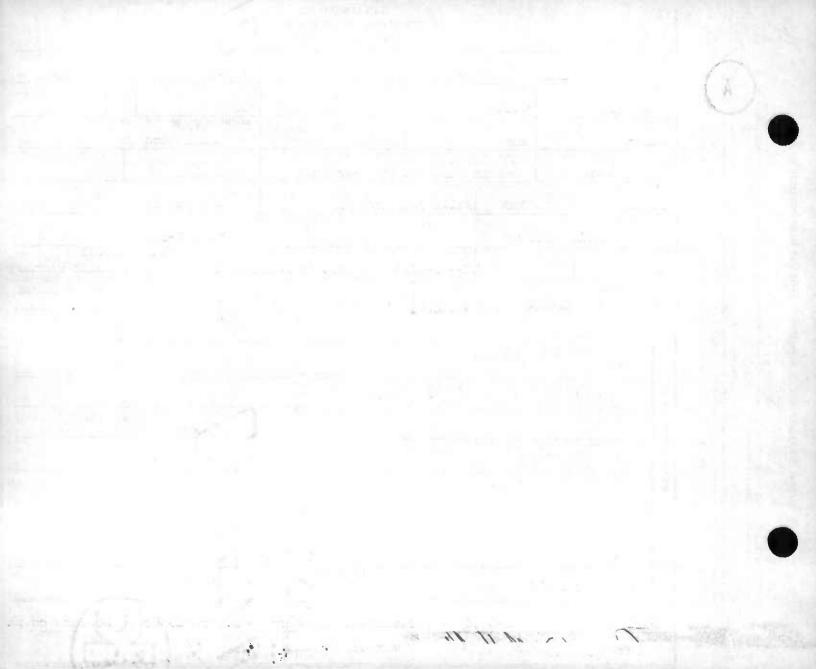
	REGISTRAR			CER	TIFICATE OF DEATH	REG. N	10		
	CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26. HOUR
TYPE	OR PRINT)	Lille	May	Van	Horn	1-5-84	Jan 5	84	030pp
. SEX	(		4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
,	female		white		-20 aug 20,91	92	YRS.	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	RRIED NEVERMARRIED	9. BALTIMORE CITY		OF DEATH	
	enna		usa		DIVORCED	Washir	gton (	Co	٨
	TY OR TOWN OF		(IF NOT IN SUCH FACIL	ITY, GIVE STREET ADDRESS	AE OR OTHER INSTITUTION Om Hospital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST homemaker	OF WORKING LIF		F BUSINESS C
13e. S	AL RESIDENCE (IF)	NO COUN		ESIDENCE BEFORE ADMISSE LITY OR TOWN 115 Tanne	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS RD # 2 BC	x 51	99	1999
₹¶. FA	THER'S NAME FIRST Day	id Rit	middle chey	LAST	15. MOTHER'S MAIDEN NAM	Emma k	Carns	LAST	ī
	VAS DECEASED E			OCIAL SECURITY NO	O. 17 INFORMANT	ADDR	EsPenna	1,16691	
no	ES, NO OR UNKNOWN	(IF YES, GIV	183	-09-0910	Mrs. Ruth Ha	ale, RD# 2	B ox	51 Well:	s Tanne
	Canditions, if a gave rise to cause (a), st	immediate	(b)	A CONSEQUENCE O	ne.				
TION	J'Ers	IGNIFICANT O	CONDITIONS CONTRI RENUL	BUTING TO DEATH FUILLY	BUT NOT RELATED TO THE TERM				
TIFICATION	PART 2 OTHER S	IGNIFICANT O	CONDITIONS CONTRI RENUL	BUTING TO DEATH FUILLY	BUT NOT RELATED TO THE TERM	200 AUTOPSY?  YES NOWEN	206. IF YES	EN IN PART 1(d	IGS USED
CAL CERTIFICATION	PART 2 OTHER S	IGNIFICANT (  L'S / S .  RATION  UNDERLYING  CAUSE OF DEA	CONDITIONS CONTRI  RENUL  196 CONDITION  216. TIME OF INJU- HOUR A.M.	BUTING TO DEATH FULLY FOR WHICH OPERA  JRY WONTH DAY YE	BUT NOT RELATED TO THE TERM  TION WAS PERFORMED  21c. HOW INJURY OCCURI	20a AUTOPSY? YES □ NOXIX	20b. IF YES	S, WERE FINDIN YING CAUSES	IGS USED OF DEATH?
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	PART 2 OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OCC  WHILE AT WORK  22a. I certify tho	UNDERLYING CAUSE OF DEA REDICAL EXAMINER UNRED TWHILE WORK  (1) (1his hospi eased alive an e) (did) (did no	CONDITIONS CONTRI  RENCE  19b. CONDITION  21b. TIME OF INJI HOUR A.M. P.M.  21e PLACE OF IN (AT HOME, STREET, FA	BUTING TO DEATH FOR WHICH OPERA  JURY MONTH DAY YE  JURY CTORY, OFFICE, FARM ETC.	BUT NOT RELATED TO THE TERM  PL  TION WAS PERFORMED  21c. HOW INJURY OCCUR!  AR  19  21f. LOCATION  STREET  2 ond that in (my) (our) apinion of DEGREE	200 AUTOPSY? YES NOWED (ENTER NATURE OF IN) CITY OR T.	20b IF YES IN CERTIF	S, WERE FINDING CAUSES S (COUNTY) COUNTY	IGS USED OF DEATH? NO  STATE

- 16 50M 4/B2

etained by the haspital or attending physician.

ADDRESS Everett, Pa,

(VRA 15, 4)



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	4	1 -	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE & REG. NO	0 2	) 3
	e 4 may be clar. page 3 offer death		CEASED NAME MART	AM J.		TTMER	20. DATE OF DEATH	MONTH DAY YEAR 30 1984	26. HOUR
	moy pod	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY IF UNDER 1 YEAR	HOURS M
	- 10	F	EMALE	WHITE	Aug		68	YRS.	HOURS I M
4	Pog dir	7er. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED X	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	neral o nn 72 h		PENNSYLVANIA	U.S.A.	WIDOWE		WASHIN	GTON	
	a de la companya de l	10. C	TY OR TOWN OF DEATH		TAL, NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS
0	2	1	HAGERSTOWN	WASHING		Y HOSP.	SECRETA		ERTCAL
MARYLAND 2120	Po P		AL RESIDENCE (# NURSING HOME OF TATE 136 COU		SIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
ON N	filled sound by	MA	RYLAND WAS	HINGTON H	AGERSTOWN	YESX NO 🗆		mitt Ave.	21740
RYL	ketely for a 2 sho	14. FA	ATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN N	AME	1.4	AST
W	omplet ond		CARL	S. W	ITTMER SR		JANE	DOI	DSON
	e executed and comp Poges 1 on		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b S	OCIAL SECURITY NO.	17. INFORMANT	ADDRE	845 Founta	ainhea
IW			YES, NO OR UNKNOWN)     IIF YES, GI		1-07-4567	A Carl S.	Wittmer.	Jr. Hagers	stown.
BALTIMORE,	ysicio ypers ypers vol.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE		ir (a), (b), and (c)	111	/	APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEA
ST.,	certificate ng physici bonpoper r remaval. ic event, th			TE CAUSE (a)	ultiple	Myelon	a with	/	year
Z O	th ce nding corb , or r		2030	DUE TO, OR AS A	CONSEQUENCE OF	widespres	al melad	ases.	
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×	= = = 0 0		couse (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF				
201	p 9 9 5			( (c)					
	Pagi Pir	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART T	10,
RECORDS,	been s mit. Th prior to	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
RE	ws w	문					YES NO	IN CERTIFYING CAUSE	S OF DEATH?
ITA	IAN: The Ich physicion. ificate has transit per transit per ol Hygiene	1 1 1	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR		
N Y C	7 F E E - 7		OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DAY YEAR				
NO	K × 6 × d ×	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJ	JURY	211. LOCATION	CITY OR TO	wn COUNTY	STATE
DIVISION OF VITAL	the the	¥	WHILE NOT WHILE	AT HOME STREET, FAC	CTORY, OFFICE, FARM, ETC.)	STREET	CHAOKIO	wn Coonii	SIAII
۵			22a.1 certify that (1) (this hosp	ital) attended the dece	eosed from Ja	19 P.	7 10 Jun	30, 19,84	, that (I) (we)
	THE SOLETIES	ļ l	saw the deceased alive as abave (4) (we) (did) (did)	ntiview the bady after a	19 8 %, or	nd that in (my) ( <del>out)</del> apinia	n death occurred an the do	ate and have and from the	e causes stated
	he he he		27% SIGNASURE			DEGREE			E SIGNED
	£ 0 =		(Full of	Muer	- //3	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		300
	HOSPITAL ned by the FUNERAL old be detrible Store		THE PHYSICIAN'S NAME THE	ON MAINTY		27e ADDRESS	1 4	Hageni	Para A
	O HOSPITAL  O HOSPITAL  TO FUNERAL  Should be det  with the State  MPORTANT:		Charles &	Spence	/~	11-10/18	nil/ /ve	1100	
	- U p- u 5 54	f		Marie Control of the			TANK LOCATION		

12b. KIND OF BUSINESS OR

DODSON Fountainhead Re Hagerstown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

that (1) (we) last

IF UNDER 24 HRS

MD.

LOCATION 230 BURIAL, CREMATION, REMOVAL 7th DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE Rest Haven Cem HAGERSTOWN BP. MD TEB O DHMH - 16 50M 4/83 (VRA 15, 4)

and the second s The second secon

STATE OF MARYLAND

3-11-11 selle famor land over the state of The section of the se urini 1-29-in Food ill western in Gretorn, alanington, Ma with colling started some, Inc., salon on the 25 Pet John & Carried

74	1.	FOR STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYG	BIENE 8 4 0	2 9 3 9
ad by	1. DE	REGISTRAR  EASED NAME FIRST OR PRINT)  Chris	4. RACE 5. DATE OF BIRTH		YEAR 2b. HOUR 54 7 3 5 5 NUMBER 1 YEAR IF UNDER 24 NEW NITHS DAYS HOURS MIN.
death. Page where the highest hours of each the second that th		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DNORCED	9. BALTIMORE CITY OR COUNTY OF Washington	F DEATH
24 hours after d	Busu	TATE	1. NAME OF HOSPITAL, NÜRSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  NTY  13d. CITY OR TOWN  PROSTDURG  YES NO	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  130. STREET ADDRESS	126 KIND OF BUSINESS OR INDUSTRY Medica + 21532
e executed within n and completely f Pages 1 and 2 sha medicol examiner	16a. V	HER'S NAME FIRST  BEOGGE W VAS DECEASED EVER IN U.S. AF	MIDDLE WAST 15. MOTHER'S MAIDEN NA Christ / RED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	ME MIDDLE ADDRESS LAVA	reldson le, mb.
ires that the death certificate be ganed by the attending physician in please remove carbon papers: Pourol, cremation, or removal.		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	TE CAUSE (a) RESPIRATORY UNFEST	Failure	APPROMATE INTERVAL BETWEEN ONSET AND DEATH
an. hos been sign to permit. The sene prior to persony injury	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	P19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21b. TIME OF INJURY 21c. HOW INJURY OCCUR	200 AUTOPSY? 206. IF YES, V IN CERTIFYIN YES NO VES [	
or attending physici or attending physici After this certificate se as the buriol-transi solith and Merriol Hygi marked or Item 18 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK ALY WORK  22d. 4 certify that (1) (this hosp		CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTEN ined by the hospital FUNERAL DIRECTOR uld be detached for un the State Dept. of H. ORTANT: If hem 21 is			19 , and that in im. ) (our) opinion DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL ( TO FUNERAL I should be deto with the State IMPORTANT: If		BURIAL, CREMATION, REMOVAL	1/5/84 Frostburg Mem.	Frostburg	destribe, Md
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	Tohn T. Ha	fer Jr ADDRESS La Vale MD N 1	TE REC'D. BY REGISTAR 256 REGISTRA	CALLES SIGNATURE

A STATE OF THE STA A THE TENEDRAL TO THE GROWTH PROPERTY OF THE distribution of the party of the last of t Form I Helen II - Color and Miller I Harried

415 E. Wilson Blvd., Hagerstown, Maryland 2174 AN 27 884

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DHMH - 16 50M 4/82

(VRA 15, 4)

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